Exploring Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) Programmes in the South African Police Services in Tshwane West Clusters, Gauteng Province.

by

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Exploring Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) Programmes in the South African Police Services in Tshwane West Clusters, Gauteng Province.

I declare that this dissertation is my own work and that all the sources used or quoted have been acknowledged through references.

I further declare that I submitted the dissertation to originality-checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

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GODFREY MOKOBANE DATE

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ABSTRACT

Affordable and accessible preventive health programmes within the South African Police Service (SAPS) could be the best measures for managing epidemic diseases in the organisation. Employee health and wellness (EHW) programmes, including those dealing with the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), are often the subjects of debate among scholars and human resource management practitioners within the context of developing effective and efficient interventions in the workplace to enhance the health management of employees. This study explores the nature and extent of the employee wellness programmes that focus on HIV/AIDS in the SAPS. In particular, the research examines how EHW practitioners in the SAPS experience the programmes and what support they receive regarding HIV/AIDS in the workplace.

Data were collected from six EHW practitioners using semi-structured interviews. The study finds that HIV/AIDS programmes are categorised into different interventions, each with advantages and purpose. The findings will help determine if the HIV/AIDS programmes effectively cater to the health needs of employees within the SAPS. The findings from this study are limited to six EHW practitioners' experiences in relation to how they perceive the employee wellness programmes in the SAPS, more specifically, the HIV/AIDS programmes.

Keywords

HIV/AIDS; interventions; programmes; South African Police Service; employee health and wellness practitioners

SETSOPOLWA

Go hwetšagala ga mananeo a maphelo a thibelo ao a bolokegilego, ao a sa turego le a go fihlelelega ka gare ga Tirelo ya Maphodisa ya Afrika Borwa (SAPS) e ka ba legato le lekaone la thibelo la go laola malwetši a leuba ka gare ga tirelo ye. Mananeo a bophelo bjo bokaone bja bašomi, go akaretšwa ao a šomago ka twatši ya go palediša mašole a mmele go šoma (HIV) le bolwetši bja go šitwa ga mašole a mmele (AIDS), gantši ke seo se dirago gore dirutegi di ngangišane le bašomi ba lefapha la bašomi mabapi le go tšweletša ditsenogare tšeo di šomago gabotse le tša go hloka mathata ka mošomong ka nepo ya go maatlafatša taolo ya maphelo a bašomi. Maikemišetšomagolo a dinyakišišo e bile go utolla sebopego le bogolo bja mananeo a maphelo a makaone a bašomi ka go SAPS ao a lebeletšego kudu HIV/AIDS. Dinyakišišo di dirilwe go tseba ka fao bašomi ba maphelo a bašomi le go phela gabotse (EHW) ga bona ka SAPS ba itemogetšego mananeo ao le gore ke thekgo efe ye ba e hwetšago mabapi le HIV/AIDS ka mošomong.

Dipotšišo tša dipoledišano tšeo di nyakago gore baarabi ba fe mabaka di dirilwe ka nepo ya go kgoboketša tshedimošo go tšwa go bašomi ba tshela (6) ba EHW ba ka SAPS bao ba kgathilego tema ka dinyakišišong. Dikutollo di laetša gore mananeo a HIV/AIDS a hlophilwe ka mehuta ye e fapafapanego ya ditsenogare, gomme le lengwe le le lengwe le na le menyetla le maikemišetšo a lona. Dikutollo tše di tla ba mohola go tseba ge eba mananeo a HIV/AIDS a šoma gabotse go hlokomela dinyakwa tša maphelo tša bašomi ka gare ga SAPS. Dikutollo go tšwa ka mo dinyakišišong tše di tšwa fela go maitemogelo a bašomi ba tshela ba EHW mabapi le ka fao ba bonago mananeo a mabapi le go phela gabotse ga bašomi ka SAPS, kudukudu, mananeo a HIV/AIDS.

Mantšu a bohlokwa

HIV/AIDS; ditsenogare; mananeo; Tirelo ya Maphodisa ya Afrika Borwa; bašomi ba maphelo a bašomi le go phela gabotse

Contents

List of Figures

List of Tables

List of Appendix

CHAPTER 1

SCIENTIFIC BACKGROUND AND CONTEXTUALISATION OF THE STUDY

1.1 Introduction

Many organisations globally have considered employee wellness programmes, including those dealing with HIV/AIDS to improve the work-life balance (De Jager et al., 2016; Human Sciences Research Council, 2017). Managing employees needs attention through research and practices because employees are often exposed to health challenges such as stress and diseases. Regarding the health aspect, absenteeism is on the increase in organisations due to ill health, prompting proper management (Williams, 2016).

To render a high-quality service, SAPS needs to have well-trained, healthy, and committed employees. SAPS comprises trained authorities responsible for maintaining public peace and order through law enforcement and crime prevention (SAPS, 2016; Williams, 2016). In fulfilling this directive, SAPS aims “to create a harmless and South African environment” (SAPS, 2016). Police officers must also be flexible, efficient, and often meet their demands (Williams, 2016).

1.2 Background of the study

Health issues remain a major public health concern in sub-Saharan African organisations with their excessive impact (De Jager et al., 2016; Human Science Research Council, 2017). The private sector is called upon in sub-Saharan Africa to make a major effort to help the public sector improve resources to combat health support programmes (Bowen et al., 2014). Lurie (2006) and the Human Science Research Council (2017) further mentioned that Southern Africa has an increasing number of HIV/AIDS infections. Varni et al. (2012) state that the psychological threat to the people living with HIV/AIDS and their related disorders is the stigma associated with HI/AIDS. Some academic articles discussed existing community health support programmes, including those related to

HIV/AIDS projects, from a particular theoretical perspective, rather than presenting original research (De Jager et al., 2016).

According to the Human Sciences Research Council (2017), employees with health-related challenges, such as HIV/AIDS and TB, tend to experience discrimination at work. Owing to the stigma and its associated abuse and prejudice from others, many people commit suicide (Human Science Research Council, 2017). Proper testing of HIV/AIDS, TB, and related diseases is an important strategy for preventing additional infections and a prerequisite for treating diseases effectively. The improvement of the work environment within the SAPS may minimise the risk of HIV and TB transmission. Bowen et al. (2014) indicate that interventions will be expanded to include monitoring and treatment services for infections beyond awareness and prevention initiatives.

The development and implementation of health and wellness programmes are required to strengthen employee health and wellbeing (SAPS EHW, 2016, p. 4).

SAPS employed police-community workers to guide and encourage police officers to resolve and strengthen their well-being and those of the community (Williams, 2016). According to Alcalde-Rabanal et al. (2017), the world seems to have a shortage of human resource (HR) policies. As a result, the World Health Organization (WHO) found out that most developing countries struggle to implement strategies for integrating health system programmes.

Some SAPS employees appear to have challenges accessing health support programmes related to HIV/AIDS (SAPS EHW, 2016). SAPS should have the resources to support operations to alleviate health problems in difficult and stressful cases. (George & Gow, 2014; Williams, 2016).

The lack of HIV/AIDS programmes, by losing both organisational and social productivity and consumer opportunities, affects economic development (World Health Organisation, 2016). William (2016, p. 135) formulates several social work interventions' focus areas for health and wellness support in the police service:

(a) Organisational (job) interventions: interventions involve data on the needs of work assessment.

b) Work/person approaches: to identify and develop reciprocal relationships with the various employees at the workplace.

(c) Promotional initiatives: including services that promote/enhance the well-being and social functions of organisations, employees, families, and communities, based on the needs of social workers.

(d) Restorative measures: includes employees and family problem-solving programmes.

According to William (2016, p. 139), the focus areas underpin the services that render "social work programmes focused on the needs with a view to improving the well-being of the agency, employees, families and the community as a whole."

One of the most popular names in employee health and wellness appears to be Employee Assistant Programmess (SAPS Annual Report, 2016). An employee support programme is a powerful tool because it offers support and maintains the health and well-being of companies and workers (Vosloo & Barnard, 2002). Sonnenstuhl and Trice (2018) and Vosloo and Barnard (2002) further explain that EAPs include confidential assessment, counseling, and therapeutic services and a telephone helpline for employees and their immediate family that experience personal, emotional, and psychological problems due to domestic, legal, medical and financial matters.

Sonnestuhl and Trice (2018) highlight the following EAPs measures that organisations should consider:

- Self-referral: The employee decides and, often with the support of a colleague, call, visit or write to the EAPs service provider to ask for help;
- Organisation's professional referral: professional staff such as social workers, human resources, or health and safety management recommend that employees contact an EAPs service provider;
- Managerial referral: managers could use the informal or formal job performance procedures to recommend that employees attend the EAPs voluntarily or as a result of disciplinary action; and

- Referral by a trade union or professional association: labour union, employee organisation, or professional body involved in EAPs informs employees about the EAPs.

SAPS employees must be informed about EHW programmes to address stigma and discrimination resulting from HIV in the workplace (SAPS EHW, 2016). They should also be informed about the provision of care and support services to those affected and infected by HIV&AIDS (SAPS EHW, 2016). Are those programmes related to HIV/AIDS effective?

1.3 Problem statement

The SAPS officers are still experiencing a shortage of health support programmes related to HIV/AIDS in their workplace (George & Gow, 2014; Bowen et al., 2014; Williams, 2016). Therefore, SAPS must provide tools for helping the staff work in challenging and often stressful situations through intervention programmes to reduce infectious diseases (George & Gow, 2014; Williams, 2016).

Availability of safe, affordable, and accessible preventive health interventions within the SAPS would be the best preventive measure to the epidemic diseases (George & Gow, 2014; Tarimo et al., 2013). However, there is limited research on HIV/AIDS programmes from an organisational perspective.

Most research focuses on employees' perceptions of the effects of HIV/AIDS programmes on reducing exposure to epidemic diseases such as HIV/AIDS (Bowen et al., 2014; George & Gow, 2014). There is limited knowledge about organisations' actual HIV/AIDS programmes for their employees (Bowen et al., 2014; George & Gow, 2014; Human Science Research Council, 2018).

1.4 Aim of the study

This study explores EHW practitioners' (as the facilitators of programmes) experience on the nature of HIV/AIDS programmes within SAPS in the Tshwane West Cluster (Police Station).

The sub-objectives of the study are as follows:

- To identify the nature of HIV/AIDS programmes within the SAPS
- To determine the extent to which the existing HIV/AIDS programmes address the needs of the employees.
- To explore measures improving the HIV/AIDS programmes.

Following the research objective, the research questions were constructed as follows:

- How do EHW practitioners' (as the facilitators of programmes) experience the nature of HIV/AIDS programmes within SAPS in the Tshwane West Cluster (Police Station)?
- What is the extent of the existing measures of HIV/AIDS programmes in the SAPS?
- What are the measures to improve the HIV/AIDS programmes in the SAPS?

1.5 Scope of the study

SAPS EHW (2016, p. 13) indicates that 88% of police officers countrywide enrolled for antiretroviral treatment; among them, 10% are early on treat and 2% defaulters. SAPS have 69.7% participants of the HIV/AIDS programmes countrywide (SAPS EHW, 2016, p. 13). Thus, the study is conducted to determine if the HIV/AIDS programmes are effective within the SAPS in raising awareness of the disease. The SAPS operates in all nine provinces, with many clusters within those provinces. However, owing to time and many other constraints, the focus of this study was only on Gauteng. It was further narrowed down to Pretoria Central clusters depending on the EHW division location.

Not all employees within the SAPS were suitable for the study; only those employed within the EHW division were deemed appropriate to provide information for the study. Furthermore, no information was considered other than the information from EHW practitioners. This study undertook an exploratory approach in investigating the HIV/AIDS programmes in the SAPS.

1.6 Research Methodology

The section briefly outlines the research methodology applied in this study in terms of the design, sampling from the population, data collection, and analysis. Chapter 3 of this study presents more details about the research methodology.

1.6.1 Research design

The research design involves comprehensive data collection, analysis, interpretation, and reporting strategies in a study (Creswell et al., 2016, p. 72). Both primary and secondary research were used to achieve the objectives of the study (see section 1.4). First, the literature review was done, followed by using an exploratory approach through primary research to gather first-hand data with EHW practitioners in the SAPS using semi-structured interviews.

Secondary research includes the recent literature review from the relevant journals, prescribed books, reports, and websites. Hall (2015) and Tustin et al. (2005, p. 88) define secondary research as information gathered for a particular purpose. The secondary analysis provides additional information on a thesis (Kumar, 2005; Stage and Manning, 2015).

Primary research includes collecting first-hand data on a particular study under research (Creswell et al., 2016). The study's key objective was to attain the target to explore the nature and the extent of the health-support programmes in SAPS in the Tshwane Metropolitan Area.

1.6.2 Target population

A target population is a group of individuals with a similar understanding of the variable under study (Creswell et al., 2016, p. 199). In this study, the target population was SAPS EHW practitioners in the Tshwane West Clusters area. The participants identified for the study were six EHW practitioners involved in the facilitation of the HIV/AIDS programmes in the SAPS TWC. The inclusion and exclusion criteria involved selecting participants based on their work experience in facilitating the programmes.

1.6.3 Sampling strategy

Purposive sampling was used to obtain information from the participants.In special cases where the sample is carried out for a specific reason, this sampling procedure called purposive sampling is used (Creswell et al., 2016, p. 198).

The targeted sample size in this study is seven (7) EHW practitioners in the SAPS's EHW section or until data saturation was reached. The researcher interviewed only six participants because the seventh participant pulled out of the study. The researcher reached data saturation with the sixth participant because the participants are professionals (social workers, psychologists, etc.) dealing with the HIV/AIDS programmes daily.

1.6.4 Data collection

Semi-structured interviews with audiotape were utilised in this study to fulfill the research objectives. Research questions guide used as part of the semi-structured interviews to have lead questions. Semi-structured interviews are conducted in places of special interest while providing significant versatility in reach and depth (De Vos, 2005). Such interviews provide an overview and explain the topics or collect general questions to guide the information needed. The directed interview is perfect for obtaining detailed and comparable details (May & Morse, 1991). Interviews are reliable for obtaining new information (Saunders et al., 2000). Interviewees are not restricted when answering questions, and the researcher could shift the focus (Leedy & Ormrod, 2001).

1.6.5 Data analysis

Content data analysis, a process that studies messages of communication that typically exist in written form (Babbie, 2007), was used to analyse data. The content analysis focuses on text and uses several methods of data analysis. Thematic analysis is similar to the content analysis; it was used to identify themes and subthemes in this study. The thematic analysis is described as identifying, analysing, and reporting patterns within data (Castleberry & Nolen, 2018). The researcher was interested in Neill's (2006) proposed structured techniques for content analysis:

- Sorting
- Categorising and
- Naming themes when analysing a research study.

1.7 Limitations

Only a small sample of 6 SAPS EHW (Tshwane West Clusters Area) practitioners was used because of time constraints. Therefore, the findings cannot be generalised to all nine provinces in South Africa. The study was conducted only in the SAPS Tshwane West Clusters Area (Pretoria) in the Gauteng Province due to closest division of SAPS EHW.

1.8 Ethical considerations

The beliefs and interests of the respondents in this study were respected. The researcher requested permission from the SAPS Research Division to conduct this study in the organisation. Research ethics means that researchers are required to provide moral protection against harm, unnecessarily invasive privacy, and the promotion of their well-being (Connelly, 2014).

SAPS EHW practitioners volunteered to participate in the study. They were free to withdraw at any given time. Participants were told about the study objectives. Consistent with De Vos et al. (2011, p. 115), the researcher considered a range of study standards that include harm prevention, voluntary participation, informed consent, alienation of

participants, and breach of data security, anonymity, or secrecy. More details about the ethical considerations will be provided in Chapter 3 of the study.

1.9 Findings

The findings of the study were compared from different participants on the themes and subthemes developed. The themes are based on the nature of the HIV/AIDS programmes and the support given to the SAPS employees with HIV/AIDS.

- The peer educator programmes are used to train our staff members, from cleaners to the senior management, on the HIV/AIDS disease and the consequences of not taking care of themselves and how to always be healthy.
- During May, staff members conduct candlelight memorials in memory of those who have passed away because of HIV/AIDS.
- In SAPS's EHW division, trained practitioners can offer free counselling to the infected and affected members to make sure they are coping with the situation. All staff members receive the same support and go through the same programmes that are available.

SAPS has support groups for employees and their families where we encourage them that HIV/AIDS or any other diseases are not a death sentence and you can still look healthy if infected.

1. 10 Chapters Layout

Chapter 1: Introduction and Background

This chapter provided an introduction, background, problem statement, and aim for this study. The researcher discussed a brief discussion on the scope, research methodology, and ethical considerations used in the study.

Chapter 2: Literature Review

Chapter 2 will focus on the theoretical overview that the employee, health and wellness programme. It will also focus on the overview of the SAPS EHW Division.

Chapter 3: Research Methodology

This chapter provides a comprehensive picture of research methodology, research design, collecting data and data analysis, limitations, and ethical considerations of the study.

Chapter 4: Research findings

The chapter emphasizes the results of the research. The research findings are compared to the literature findings.

Chapter 5: Discussions of the findings

The chapter provides the discussions from the participants as compared with the literature.

Chapter 6: Conclusions and Recommendations

The chapter provides a summary of the experiences of the researcher, suggestions for future research, recommendations, and conclusions. The researcher also indicates the limitations of the study and recommendations for future research on employee health and wellness related to HIV/AIDS programmes in the workplace.

1.11 Summary

Chapter 1 presented the background of the study and the brief research methodology used in the study. Further, it presented the ethical consideration, the findings, and chapter layouts.

The next chapter provides the literature review, which includes the historical reflection of wellness, well-being, and HIV/AIDS.

CHAPTER 2

HISTORICAL REFLECTION ON WELLNESS, WELL-BEING, AND HIV/AIDS

2.1 Introduction

Chapter 1 presented the background of the study, the problem statement, and the aim of the study, and outlined the study.

Chapter 2 is divided into several sections. The researcher focuses on employee wellness in the context of Human Resource Management, Industrial and Organisational Psychology. The chapter also discusses the literature reflection of the construct of wellness, well-being, and HIV/AIDS. Furthermore, the definition of and the relation between wellness and well-being are provided.

Moreover, the chapter explores further discussion of different scholars about HIV/AIDS as related to other aspects such as Tuberculosis and suicide. Wellness operational practices and wellness interventions are discussed. The HIV/AIDS programmes, advantages, and their challenges and support given employees are discussed.

2.2 Employee wellness in the context of Human Resource Management, Industrial and Organisational Psychology

Industrial and Organisational Psychology (IOP) is defined as a systematic analysis of the people at work (Schreuder & Coetzee, 2010). In contrast, Human Resource Management (HRM) entails managing employees (people) in organisations (Amstrong, 2006). The study falls under the discipline of HRM. Wellness is a sub-discipline of IOP; it forms a function of HRM (Guest, 2017, p. 24). According to Guest (2017), HRM researchers have not explored the interests and concern for the wellness of the workforce.

Grobler (2002) indicated that human resource practices are a cornerstone for organisations to gain competitiveness for employees to stay stronger and healthier. Furthermore, these practices are important considerations in the development and execution of organisation’s strategic business plan and achieving its objectives (Grobler, 2002; Huselid, 1995).

From the research conducted by Grobler (2002), one can agree that HRM practices play a fundamental role in ensuring that employees receive the necessary care. Human resources health workers are often demotivated by the limited realistic progress and cumbersome promotion process (Imhoff & Mathauer 2006, p. 11).

2.3 Understanding the construct of wellness, well-being, and HIV/AIDS

The construct of wellness has different definitions (Miller, 2005). Over the years, it was established to increase health and self-esteem between the employees in an organisation (Cooper & Collingwood, 1984; MacMahon et al., 2010; Miller, 2005).

The wellness construct was introduced to develop instruments to measure behavioural dimensions of wellness in organisations throughout and can be seen as a function that encourages workplace capabilities to decrease absenteeism and increasing productivity (Ardell, 1985; Dunn, 1985, 1961; Miller, 2005; Palombi, 1992). During the 1908s, employers started wellness programmes to care for employees' families, to develop healthy communities (Kirkland, 2014; Miller, 2005; Palombi, 1992; Warner, 1984), and to keep employees well at work (Lubbe, 2004a; 2004b; 2004c; Sieberhagen & Pienaar, 2011). South Africa's highest rate of HIV/AIDS in the world, high incidence of employees that take sick leave, high absenteeism, and social responsibility, among others, are some of the reasons why organisations introduced employee wellness programmes (EWPs) (Sieberhagen & Pienaar, 2011).

2.4 Defining the Construct of Wellness

Wellness raises consciousness and takes appropriate measures to support physical and social well-being, mental and psychological well-being (Anttiroiko, 2018; Qaisar et al., 2018; Fullen, 2019). "Wellness is the act of making decisions consciously and intentionally for a safe life" (Qaisar et al., 2018, p. 105). Qaisar et al. (2018, p. 113) highlighted that the construct of wellness allows people to contribute to their organisational results productively.

Table 2.1 below summarises wellness (Miller, 2005; Fullen, 2019)

Miller (2005, p. 92)	Fullen (2019, p. 67)
a. Wellness is a forever transformation construct, which means that all people, irrespective of their particular situation, are somewhere between death and wellness.	a. Developmental wellness is associated with a good, practical approach to the cultivation process.
b. Wellness is an overall methodology related to health; it includes physical, mental, social, cultural, and spiritual proportions.	b. Physical wellness has to do both perspectives on health, including whether a person has a disability, chronic condition, or chronic pain.
c. Constructs such as mental wellness involves the accountability of the person.	c. Emotional wellness maintains strong emotional health despite being faced with challenges (coping through social strategies).
d. Wellness is about possibilities as it includes assisting the person in moving to a higher level of well-being to which he/she can go.	d. Relational wellness involves affiliations with friends, partners, family members, and others.

Sources adapted from Miller (2005) and Fullen (2019)

Fullen (2019) indicated that Wellness is categorised in terms of developmental, physical, emotional, and rational wellness. On the other hand, Miller (2005) indicated that wellness is related to the aspects like mental wellness. Figure 2.1 below shows the various dimensions related to wellness.

Figure 2.1: Dimensions of the Wellness

Source: Fullen (2019, p. 67)

Wellness is an umbrella term (Raj & Anbalangan, 2017; Strata & Peterson, 2017) used by EHW practitioners as a strategic procedural way to care for employees; well-being is also related to wellness. Malhotra and Sigh (2020) mentioned that to improve wellness for the employees, health professionals need to apply intervention strategies. Wellness and well-being constructs are related to one another and are used interchangeably by employees in both their organisations and society at large (Clements et al., 2020). In their study about reviewing the qualitative and quantitative on the well-being of judges, Rossow and Rothman (2020) pointed out that occupational stressors amongst others impact the wellness and well-being of the judges.

2.5 Defining the Construct of Well-being

Fonarow et al. (2015) explained the term well-being as a well-made, broad organisational strategy that can recover and reduce diseases resulting from cardiovascular and stroke. Goh et al. (2015, p. 46) define employee “well-being” in terms of the positive or negative state that matters to employees, to their bosses, and different management levels in different organisations and industries. For some employers, employee wellness means worker health areas, a constant response concerning employee engagement and development, educational material for employee delivery, and guidance on improvement programs (Newman et al., 2015).

According to Seligma (2011), well-being is measured in terms of the five pillars called **PERM**. The pillars are as follows:

a. **P**ositive emotions consist of valence and activation.
b. **E**ngagement involves emotional, cognitive, and behavioural dimensions throughout life. For example, in the organisational domain, this is defined as vigour, determination, and absorption. Psychological, behavioral, cognitive, and university topics include student participation.
c. **R**elationships entail social relationships that are essential for life. They include social ties (e.g., (amount of socially engaged people) and social networks (the consistency and number of links).

d. **M**eaning involves having a direction in life and feeling that one's life is valuable and worthwhile.

According to several scholars, employee well-being has to do with the physical, psychological, and social wellbeing of employees within any organisation (Butler et al., 2015; Cederstra & Spicer 2015; Pittsburgh, 2017; Schultz et al., 2015; Miller, 2005).

Table 2.2 below explores employee wellness or well-being in three aspects: psychological, physical, and social well-being (Pittsburgh, 2017, p. 1302):

Table 2.2 Employee well-being types:

Psychological well-being	Physical well-being	Social well-being
This includes factors such as satisfaction, self-respect, and capabilities. These factors influence the job performance of employees and also organisational challenges put on employees.	With physical well-being, the focus falls on the health of employees (e.g., muscular-skeletal disorders, disorders of the digestive system)	Social well-being encompasses the relationships employees are engaged in and would have an influence on individual employees.

Source adapted from Pittsburgh (2017, p. 1302).

The terms "wellness" and "well-being" are seemingly used interchangeably by several organisations.

2.6 Describing the Construct of HIV/AIDS

South Africa's health support framework has been integrated into primary health care. However, the health system still needs a strengthening and capacity building and good governance to ensure fair implementation of employee wellness, well-being, and health management plans, procedures, and practices (Khamisa et al., 2015; Marais & Petersen, 2015; Mayosi, & Benatar, 2014). South African citizens are continuously affected by chronic diseases such as HIV/AIDS because of an increase in the population (International Profiles of Health Care, 2015; Mayosi & Benatar, 2014). The other challenge that most people face in the organisations about HIV/AIDS is the stigma amongst employees (Alcalde-Rabanal et al., 2017; Williams, 2016).

HIV/AIDS and TB are prevalent diseases in South Africa. More is yet to be done in terms of the population infected, and those not infected (Human Science Research Council,

2018). According to the World Health Statistics (2015), Africans have a high risk of infection with HIV/AIDS and other major diseases.

HIV/AIDS changed from a life-threatening disease into a treatable disease due to the accessibility of antiretroviral (ART) treatment on HIV patients, and over 10 million people receive ART worldwide (Masenyetse et al., 2015). In exploring organisational wellness, Parks and Steelman (2008) conducted a meta-analysis to propose some interventions to improve the health of employees and healthcare and reduce absenteeism costs. The introduction of some programmes/interventions to manage employee and organisational wellness has been the most effective way to improve employee health and promote wellness (Botha & Brand, 2009). Besides, to be responsible for one's health, one needs to understand the meaning of health, wellness, and health risk (Botha & Brand, 2009; Malhotra & Sign, 2020).

2. 6.1 HIV/AIDS and Tuberculosis (TB)

TB has been prevalent for many years and is still a major world health challenge. It kills millions of people every year (World Health Organisation, 2017). It was one of the ten leading deaths in the world in 2015 and ranking about HIV/AIDS as one of the leading deaths from an infectious disease (World Health Organisation, 2016, 2017). TB appears to be a major cause of deaths worldwide than other infectious diseases such as HIV/AIDS (World Health Organisation, 2017).

Patients suffering from TB are treated differently than those with HIV/AIDS (Alsdurf, 2016; Claudia, 2017; Nahid et al., 2016). TB remains one of the world's most devastating infectious diseases (Alsdurf, 2016; Gregory et al., 2017; World Health Organisation, 2016, 2017).

Countries such as South Africa and Zimbabwe used different procedures in interventions about TB. In South Africa, the tests were done using a generator to power Xpert machines. Conversely, in Zimbabwe, the screened and eligible participants were transported to some clinic for investigations (Gregory et al., 2017, p. 443).

The other country that has been pursuing the goal of eliminating TB is the USA. Countries such as the USA, Canada, and the European Union countries, there are TB policies in households, communities, and congregate settings (Yuen et al., 2015, p. 2334).

Three TB high-burden country lists were highlighted by WHO during 2016–2020 (Global Tuberculosis Report, 2016, p. 13). For more details about the TB high-burden country list, refer to appendix D (TB 2016–2020).

2.6.2 HIV/AIDS and Suicide

Suicide remains a great public health concern; it happens due to psychological, biological, and societal factors (Curtin et al., 2016; Esscher et al., 2016; Torres-Platas et al.,2016; Turecki & Brent, 2016). Results indicated that men who drink alcohol and smoke drugs are more at risk of committing suicide (Havârneanu et al., 2015; Mishara & Bardon, 2016). Over one million people worldwide are dying each year due to suicide (Draper, 2014; Turecki & Brent, 2016).

Recent studies show that suicide happens in most communities worldwide because of trauma and the stress people experience (Mishara & Bardon, 2016, 2017; San Too et al., 2017). It appears that the most common causes of suicide in communities worldwide are domestic problems in general (Mishara & Bardon, 2016).

From the findings mentioned by different scholars in the above discussion, it was clear that suicide remains a problem that affects most people worldwide.

2.7 Wellness operational practices and procedures

Wellness policies and procedures are functions and activities that are necessary for the effective operation of organisations (Olson et al., 2019, p. 69). The major purpose of the practices and procedures is to attract, retain and motivate employees to do better (Oslon et al., 2019; Hu et al., 2018; Van Esch et al., 2018).

2.7.1 HRM wellness programmes

Wellness programmes are designed to help employers reduce absenteeism by providing a positive healthy work environment and improving productivity among employees (Arens, 2011, p. 20).

According to Arens (2011, p. 32), wellness programmes should look at:

a. Increasing awareness of health issues (through information to employees);

b. Promoting health management (changes in personal behavior, such as healthy eating and exercise), and

c. Encouraging a healthy working environment (promoting a healthy lifestyle through a healthy canteen and training or meditation and focusing on balancing life and work).

Wellness services should not be costly to large businesses to control the wellness and health insurance for workers (Arens, 2011, p. 32).

As a result, the following guidelines need to be considered:

a. Name an employee health champion of the company and inspire workers to create strategies to make it work;

b. Ask the organisations or speakers to have informative discussions and workshops;

c. Give the workers details by providing free brochures and a locker room on site;

d. Provide bikes on the parking lot for workers who choose to cycle during lunch or after working hours;

e. Inspire workers to sign up for free electronic health updates and get your wellness champion;

f. Provide pleasant incentives such as the procurement of a pedal meter for every employee to take 10,000 steps a day, and

g. Work with the physician and healthcare professional to schedule on-site diabetes, cholesterol, high blood pressure tests and to seek guidance and treatment if a condition is identified.

The wellness programmes need to be presented to encourage employees to be well physically, psychologically, and socially.

2.7.1.1 EAPs

An employee assistance programme (EAP) aims to encourage and achieve workplace and individual well-being (Elkouri et al., 2016; Nwanzu, 2017). Elkouri et al. (2016) also argue that in South Africa, there is still little evidence of and differing interpretations on developments of the EAPs within organisations.

According to Capuzzi and Stauffer (2016), the promotion and maintenance of organisational commitment, occupation fulfillment, and work–life balance (well-being) benefit greater legislative outcomes and throughput in creating long-term service and trust relationships with staff. Workplaces that do not look after employees' well-being result in a lack of focus on employee productivity (Birney et al., 2016; Capuzzi & Stauffer, 2016; Goplerud et al., 2017).

The decision to implement and retain the EAPs in organisations was introduced through the Human Resource Management division as a long-term strategy for employee wellness (Cripps & Standing, 2016; Delman et al., 2017). EAPs help the organisational management provide safe working conditions, improved working shifts, improved shelters on site for miners returning from shift to their homes, access to clean water, and good nutrition (Elgstrand et al., 2017, p. 36).

2.7.1.2 Health Promotion Programmes

Health promotion programmes provide workers with support for the health-related services in the organisations, including hospitals, schools, and in the community at large (Ndubuka et al., 2016). Health promotion is related to health support. Karen et al. (2008. p. 11) define health promotional programmes as "any grouping of health education programmes designed to give support to individuals, groups or communities".

The inception of the health promotion programmes has resulted in the increased confidence in the employees' willingness to make healthcare decisions and reduce absenteeism (Ndubuka, 2016).

Some countries have taken the issue of health promotions/support very seriously. For example, in Germany, health insurance is mandatory for all citizens and permanent residents (International Profiles of Health Care, 2015, p. 69; Smith et al., 1994; Busse & Blümel., 2014). In Tanzania, national policy on health-related matters stipulates that dispensaries and health centres are the front-line facilities to be considered when talking about health (Kante et al., Jackson, 2016). Most Malawian organisations experience the impact of HIV/AIDS (Bakuwa & Mamman, 2012). For example, research on HIV/AIDS on HRs in the Malawian public sector indicated that all government ministries found high absenteeism. Bakuwa and Mamman (2012) concluded that the analyses of these results have practical effects on the HIV/AIDS programme and African HR divisions. There is a growing need to increase the capacity and quality health care facilities for the treatment of HIV/AIDS (Deribew et al., 2018). The developing regions and rural areas still lack health centres and private health facilities (Deribew et al., 2018; Umlauf & Park, 2018).

In Australia, health promotion has stressed the importance of using public policies to build health support environments, especially since adopting the Ottawa Charter for Health Promotion (World Health Organisation, 2015; Palmer & Baum, 2002).

2.7.1.3 EHW programmes

Health programmes affect the behavior of employees and reduce health care costs (Hoert et al., 2018, p.1054; Mendez et al., 2018; Levy & Thorndike, 2019). Mendez et al. (2018) conducted a study on EHW at Ithaca College in New York City and found out that implementing health and wellness programmes can promote healthy living and reduce risks such as tobacco use and unhealthy diets.

The importance of health and wellness programmes for employees in most organisations is increasingly recognised (William et al., 2018, p. 32). Williams et al. *(*2018, p.32) further highlighted that most organisations came up with a strategy to improve EHW, resulting in reduced sickness absence and improved cost-effectiveness.

2.7.1.4 Occupational health and safety programmes

Occupational Health and Safety (OHS) is concerned with ensuring that a workplace is safe without the possibility of causing injuries (Friend & Kohn, 2018; Moyce & Schenker, 2018). The working conditions appear to be a concern for most organisations when evaluating their OHS. The following are the working conditions highlighted by Moyce and Schenker (2018, p.354):

- Physical hazards: workers employed in occupations such as agriculture and construction are subject to hazards at work.
- Workplace demands: workplace stress is associated with poor mental health among workers in all occupations.
- Lack of safety standards: regulations to protect workers exist in many organisations. For example, police officers are required to wear bulletproofs when working on the streets.
- Workplace abuse: Abuse in the workplace ranges from physical or verbal harassment to neglecting safety measures. For instance, a lack of work-life balance may result in mood instability and depression related to work conditions.

Occupational health education in organisations encourages and maintains the general health of employees (SAPS, EHW 2016, p. 7).

As mentioned by different authors, programmes and interventions could have the same intention.

2.8 Wellness interventions

Wellness interventions include educational programmes, policies, procedures, or health promotion campaigns within organisations to promulgate the importance of creating healthy work environments and the need for behavioural changes to employees (Eldredge et al., 2016; Giger, 2016; Weiss, 2016). Hence, Kok et al. (2016) promulgate a taxonomy for behavioural change in wellness interventions. It appears that interventions

play an important role in the health of employees. The next section focuses on HIV/AIDS counseling awareness.

2.8.1 HIV counselling awareness

To control and promote awareness about the spread of the HIV/AIDS disease amongst women and their male partners, Opperario et al. (2017) proposed the Couple HIV Intervention Programme (CHIP) to cater for transmission. The main aim of their study is to connect and use CHIP on the prevention of women and their male partners.

Table 2.3 below presents the theoretical components of couples' HIV/AIDS programmes (Opperario et al., 2017, p. 2455).

Table 2.3: Components of the counselling couples

Term	Content
1. Couple's counseling	-the sexual transmission of HIV and other infections - prevention of HIV, including condom and grease, proof, HIV test recommendations, and HIV status diagnosis - HIV transmission individual risk factors - communication, including scenarios for role play -Social assistance -HIV prevention relationship objectives
2. Individual counseling	- key partnerships, including the position of the key positive or negative relationship serodiscordant and seroconcordant - trust, participation, contact, and monogamy. - internal relationship construct - stigma like stigma at both individual and couple levels

Source adapted from Opperario et al. (2017, p. 2455)

In providing the interventions/programmes in any organisation, evaluation needs to done to confirm their effectiveness.

HIV infections are difficult to measure because HIV incidence causes nonspecific symptoms (Jones et al., 2019). Reducing the risk of HIV transmission by focusing on both infected and negative people could reduce HIV transmission (Jones et al., 2019). Further, monitoring the services to target populations and long-acting formulations will minimise the impact of the disease (Human Science Research Council, 2019; Jones et al., 2019).

Measurement tools remain easier to use for personnel working and allow comparison between conditions (Van Brakel et al., 2019).

If people (employees) are not getting proper counseling about HIV/AIDS, it may lead to workplace stress.

2.8.2 Work stress

Work stress relates to the individual employee's competency and the organisations' expectations (Kroes et al., 1974; Longe, 2017). Employees are an organisation's greatest asset and must be shielded from organisational performance factors (Longe, 2017).

Longe (2017) came up with several work stress factors, the top of which are quantitative and qualitative factors. According to Longe (2017, p. 222), the quantitative demands are related to factors within a workplace: the concentration of assignments at work, long hours, and the intensity of the work.

Qualitative demands are related to work arrangement within the organisational setup, lack of support for social relationships at work, and management of organisational change (Longe, 2017, p. 223).

Human Resource and Safety Executives (2018) proposed several ways to help employers understand work-related stress. These are as follows:

- Job demands
- Work controls
- help from supervisors and colleagues
- Working relationships
- The position and the way change is handled in the organisation.

All the employee programmes mentioned in the above sections need to be well implemented to see if the services are acceptable to the recipients.

Measuring and evaluating the success of the health/employee programmes is the focus of the next section.

2.9 Measuring the success of health/employee programmes

Success can mean reaching an objective or reaching a goal on a particular task (Ali-Khan, 2018; Bell, 2018). Workplace wellness programmes play an important role by providing employees with procedures and support for decreasing their risk of chronic diseases and for improving their quality of life (QoL) (Baker, 2017; Gubler et al., 2017; Hall et al., 2017, p. 392).

Measuring the success of the programme differs from one organisation to the other. In promoting health and wellness, workplaces play a part in looking into that success. The World Health Organization declared that workplaces should prioritise settings for 21st-century health promotion (Hall et al., 2017).

In implementing wellness at the university level or higher education, Lloyd et al. (2017) found that participants would learn techniques to collect knowledge on university personnel, supervisors, and managers' desires and preferences. By doing that, they realised that the programme would improve employee health and wellbeing and increase productivity.

McCleary et al. (2017) argued that even though wellness programmes were being provided to employees in the workplace, their efforts are mostly going unnoticed, and employers need to take part in the process. Some authors challenge the aspects of good health and wellness programme success.

Baker (2017) proposed several ways to rate health and wellness programmes in any organisation.

a. Employee Wellness Begins with Understanding
   Doing so begins with understanding and research (e.g., conducting focus groups, health surveys, screenings) to identify and understand the personal challenges employees may face, such as weight loss, diabetes, smoking, and drug use. Once identified, these challenges become the catalyst for a company's health and wellness programmes to help its employees.

b. Communication and Engagement are Key to Success

   Critical to employee understanding is a robust communication plan that reaches the programme's target audience in various ways, such as text and e-mail messages, posters, mailed letters, and company newsletters. The goal is to make employees aware of the programme, explain why it is important to them, outline programme benefits, and describe the various ways employees can participate.

c. Employee engagement in any programme is important for its success. Engagement tends to increase when employees receive the necessary tools to participate and eventually see their efforts. When a programme is first introduced, incentives encourage engagement programmes depending on management's support

Just as important as employee engagement is management support of a programme. Garnering that support begins with presenting a company's leadership team about the programme, including costs and return on investment (ROI). ROI is determined by statistics that show how stress levels affect team member performance.

Management might also be interested in the effect that wellness programmes have on recruitment. In many cases, people look for employers that go beyond providing a paycheck and offer programmes designed to enhance their lives. One way to do that is to educate them on what it means to be healthy and introduce them to programmes and incentives that drive that behaviour, reflecting a change in the relationship between employees and the companies that hire them.

d. Good Programmes Provide Follow-Ups

   Finally, every good employee wellness or health programme should include follow-ups and provide employees with regular updates. Providing employees with the year-on-year results of their health screenings, for example, enables them to see changes they can attribute to programme participation and new habits they have adopted. Presenting meaningful data regarding program participation also enhances the case for continuing a programme, increases enrolment, and helps inform future programme recommendations.

e. Wellness Programmes Support Communities

A strong wellness programme also encourages employees to interact with the communities where they live and work to improve their health and wellness. For example, in addition to quarterly blood drives, Joint Liaison Group employees are invited to participate in the company's Good 2 Give Back programme, in which employees can volunteer four (4) hours of their work time to various organisations.

f. Safety & Health Support Certification

Safety achievements such as OSHA's Voluntary Protection Programs Star Site certification demonstrate excellence in occupational safety and health. Companies that achieve this certification record minimal injury and illness rates at or below their industry average.

2.9.1 HIV/AIDS Programmes

SAPS EHW (2016, p.7) mentioned that “the objective of the HIV/AIDS programmes is to mitigate the impact of the HIV/AIDS pandemic on the individual employees and their families.” Since HIV/AIDS is well-known as an epidemic disease, most countries worldwide fail to provide the necessary programmes/interventions for quality health programmes (Human Science Research Council, 2018; Niakan et al., 2017). In offering the programmes amongst those in the health sector, Niakan et al. (2017, p. 320) proposed several questions when offering the HIV/AIDS programmes:

- Are citizens throughout the world generally satisfied with the HIV/AIDS programmes presented?
- Do the citizens undergoing treatment have some doubts regarding the success/benefits of the HIV/AIDS programmes offered?
- Are there differences as compared to before and after they received HIV/AIDS programmes?

The questions seek to understand if the citizens find programmes effective. In other words, the questions are used as an evaluation of the offered programmes.

Saldanha et al. (2017) proposed a four-way intervention system that appears to be useful to manage the HIV/AIDS epidemic. These four ways are clinical management, biomedical prevention, behavioural prevention, and health services that focus on trials and reviews. They are described by Saldanha et al. (2017, p 92) as follows:

- Clinical Management has to do with the management of mortality regarding HIV/AIDS disease. It also focuses on the Cluster of Differentiation 4 (CD4) count and viral load adherence.

- Biomedical prevention focuses on preventing transmission of HIV to neonatal/infants from their mothers.

- Behavioural prevention focuses on preventing HIV by using a condom (unspecified type adherence), knowledge about HIV, and multiple sexual partners.

- Health services focus on the monitoring of the CD4 count adherence, viral load, and quality of life for the patients.

Lundgren et al. (2018) mention the management and prevention of early diagnosis. The onset of antiretroviral therapy (ART) may lead to the outbreak of HIV.

Furthermore, Wilson and Taaffe (2017) indicate that research is about how knowledgeable South African citizens are regarding the dynamics of transmission that help channel HIV/AIDS programmes towards the right interventions/programmes. Interventions should reach the right people in the right places to be implemented effectively.

Based on the different HIV/AIDS programmes offered, Wilson and Taaffe (2017, p. 161) drew attention to what they named “invest in the right programmes” with regard to HIV/AIDS. These programmes available to cater for all citizens are as follows:

- Behaviour-change communication.
- Condom distribution programmes.
- Harm reduction and sexual health programmes.
- HIV testing, counselling, and treatment

- Community empowerment.
- Supportive local policy environment.

As part of the programmes/interventions to deal with or control the spread of HIV/AIDS amongst couples, Opperario et al. (2017) proposed the Couple HIV Intervention Programme (CHIP) to cater for transmission. The main aim of their study was to connect and use CHIP as a preventive measure for both women and their male partners.

Peer educator's programmes refer to parts of training: enhanced agency and confidence in health promotion (Morar et al., 2019, p. 1343). HIV/AIDS prevention programmes worldwide face pressure of accountability on mentoring and evaluation (Ingis, 2018).

Peer educator's programmes contribute to the increase in community/employee participation that could lead to improved rehabilitation of employees (Chaffey & Bigby, 2018). The source of health importance from the organisation to the employees lies in the support and peer educator's programmes (Chaffey & Bigby, 2018; Ingis, 2018).

2.9.2 Disadvantages of the HIV/AIDS programmes

Saag et al. (2018) highlighted several disadvantages regarding the HIV/AIDS programmes in organisations. According to Saag et al. (2018), many people at first may not know when to start with the treatment and how to monitor the treatment. Furthermore, patients on the treatment may run out of funds to cover expenses of accessing the treatment (Human Sciences Research Council, 2018; Saag et al., 2018)

Saag et al. (2018) recognised the other disadvantages of some of the HIV/AIDS programmes that required treatment to be taken with food. In contrast, others come with higher rates of insomnia than with comparable treatments used in some studies.

Other intervention programmes require someone to keep updated on the changes in the health sector worldwide (Human Science Research Council, 2018).

The following section focuses on the challenges involved in offering those HIV/AIDS programmes.

2.9.3 Challenges in offering the HIV/AIDS programmes

Osler et al. (2020) highlighted that in South Africa, HIV/AIDS had become an unmanageable disease considering the statistics of infected people and the treatment over the past three decades. In 2009, 46% of men living with HIV attended health services, rising to 67% by 2015 compared to 54% and 77% of women, respectively (Osler et al., 2020, p.23). In a study conducted by Weihs et al. (2018) at Nelson Mandela Bay Municipality's two companies on HIV counselling and testing (HCT), most employees are still afraid of the stigma and discrimination involved.

Global health organisations, for example, WHO and Human Research Science Council, are at the forefront and have sections that deal with the research on HIV/AIDS (Mabaso et al., 2018). The section on HSRC that deals with HIV/AIDS research is called the national HIV survey (Human Science Research Council, 2018). The section that deals with HIV/AIDS in the WHO is health topics (WHO, 2018). The rate at which the disease spreads is a big concern. Gwadz et al. (2017) posit that some of the challenges faced are disruptions in public from the community to the organisations when offering HIV/AIDS workshops.

Financing health promotions, including HIV/AIDS programmes in most organisations, appears to be the biggest challenge (Human Science Research Council, 2018; Wilson & Taaffe, 2017). Recent studies on overall health promotion in Europe state that funding of public health care is not successfully invested (Arsenijevic et al., 2016). European and African countries are currently funding their public health through revenues. If the funds are not used properly, they may not cover public health (Arsenijevic et al., 2016). Health professionals who provide the programmes seem to face a big challenge because most citizens or employees face the fear of the unknown to attend workshops on HIV/AIDS (Meichenbaum, 2017; Human Science Research Council, 2018).

Control conditions with no output, outcome or cost information appear to be among challenges (Grosso et al., 2017). The following are challenges indicated by Grosso et al. (2017). First, it would be difficult for participants to make a meaningful judgment about a

programmes' information. Second, in the real policy world, most programmes are required by law to provide performance information regularly.

The above evidence on the challenges indicates that thorough research on HIV/AIDS prevention programmes is required.

The next section deals with the support given to employees regarding the offering of HIV/AIDS programmes.

2.9.4 Support given to employees on the HIV/AIDS

The findings drawn from the literature on the programmes show that every HIV/AIDS programme serves a different purpose and has a different advantage. As programmes such as HIV testing seems to be a crucial task to many, this helps people discover their status earlier (Arya et al., 2018; Human Science Research Council, 2018). As a result, early awareness or testing could allow people infected to start to decrease the viral load (Arya et al., 2018).

Niakan et al. (2017) conducted a study about the web- and mobile-based HIV/AIDS prevention programmes. They found that these programmes provide easily accessible therapeutic information online.

The spread of an epidemic virus among the population is blocked by pre-exposure prophylaxis (PrEP) (Baeten, 2018). The programme's operation or an intervention in any country can benefit everyone if public health, community engagement, and the political view work together.

Emotional, physical and spiritual support by the health professionals in most organisations play an important role in the wellbeing of employees (Phaovanich & Babrow, 2018).

2.9.5 Recommendations for offering HIV/AIDS programmes

Aiming at the right locations at the right time for the right individuals would increase the effectiveness of the global epidemic response (Wilson & Taaffe, 2017). More information on the literature indicates that HIV/AIDS prevention programmes must reach everyone in their respective organisations and communities regardless of their social conditions (Human Science Research Council, 2018; Grosso et al., 2017). Furthermore, as highlighted by authors such as Grosso et al. (2017), HIV/AIDS prevention programmes need to be available at lower costs in most countries when treating those infected.

Baeten (2018) recommended that it is important to prioritise the prevention of HIV interventions/programmes to individuals or a group in need of them. Furthermore, Baeten (2018) argued that by prioritising the programmes to a certain group of people, public health agencies/outreach the challenges of access to these prevention programmes may be addressed.

The study about new biomedical prevention technologies (NPTs) that helps prevent HIV transmission should be incorporated by local communities to deliver good multiple combination prevention (Atujuna et al., 2018).

Given the global aging and the weaknesses of traditional clinical paradigms, the evaluation of new treatment/intervention remains critical (Guaraldi et al., 2019). Well-being and life expectations are hard to predict since this includes physical health, functional and cognitive ability (Guaraldi et al., 2019). The need to improve tools to measure health should go beyond detectability and patient-centered (Guaraldi et al., 2019, p.273).

2.10 SAPS EHW related to HIV/AIDS

Chronic diseases, as well as other diseases, are a challenge to those who are living with them worldwide. Organisations still have much work to do concerning chronic disease management worldwide (Møller, 2018). As a result, employees need to be taken care of within the organisations if those diseases become evident in them.

The objective of the EHW division of SAPS is to confirm the presence of productive management of health and wellness among its employees (SAPS EHW, 2016). The aim is to develop and incorporate services, policies, and actions for health and wellness (SAPS EHW, 2014, p. 4). Employees are an organisation's most valuable asset and must be protected from influences that impede their work (Longe, 2017). Training needs to be provided at this stage. Hence, the SAPS division of EHWs takes care of the health of their employees. A total of 27 246 (14 799 females and 12 447 males) SAPS members enrolled in the POLMED HIV programme for 2014/2015. Of these members, 88% are enrolled in the antiretroviral therapy (ART); 10% enrolled for early treatment while 2% defaulted from taking the treatment (SAPS EHW, 2016).

The further 69.72% of enrollees were principal (main) members presented in the SAPS EHW (2016) document. The most age group affected by HIV is 34-44 years; it has marginally increased from 25–35 years during 2013–2014. The provinces with the largest number of participants are Gauteng, KwaZulu-Natal and Eastern Cape (SAPS, EHW 2016).

Wellness as a function of HRM also needs to be linked with the business plans of organisations strategically and operationally. Hence, it is important to reflect on the wellness procedures, practices, programmes, and interventions used in organisations.

2.11 SAPS EHW Focus Areas

Many focus areas are presented to serve the SAPS community and cater for the following:

- Emotional wellbeing (awareness and acceptance of one’s feelings);
- Occupational wellbeing (personal satisfaction and enrichment of life through work);
- Intellectual wellbeing (an individual's creative, stimulating and mental activities);
- Financial wellbeing (giving free financial advice);
- Psycho-social wellbeing (contributing to the environment and community); and
- Physical wellbeing (relates to a combination of good exercise and eating habits).

EHW in the SAPS presents its six (6) focus area/dimensions of wellness to serve humanity in totality in the following diagram (see Figure 2.4 below as an illustrative presentation of the six (6) focus areas/dimensions of wellness):

Figure 2.4 Employee Health and Wellness focus areas.

Adapted Source from SAPS EHW Portfolio Committee on Police (2016, p. 5).

2.12 Summary

HIV/AIDS continues to cause a mental disorder among people living with it in organisations or communities (Human Science Research Council, 2018). Employee wellness seems to have an objective to cater to physical, mental, and social health in organisations. Employee assistance programmes play a role in ensuring employees are taken care of by providing services.

Chronic diseases form part of the challenges faced by organisations. Infectious diseases such as HIV/AIDS and TB also affect the employees, resulting in employees committing suicide after finding out they are infected.

Various authors discuss determining the success of the programmes and posit that organisations view the success of their programmes differently. Backer (2017) proposed ways that should be followed when evaluating the effectiveness of the wellness/health programmes.

The next Chapter 3 focuses on the research methodology used to collect data in the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

A theoretical exploration of the previous literature is presented in Chapter 2 about employee wellness and other HIV/AIDS AIDS-related programmes. Chapter 3 describes how the research methodology is conducted. It explains how the researcher did a qualitative study within the SAPS, EHW division with the EHW practitioners. First, it describes the research design and the research philosophy using the 'research onion' posited by Saunders et al. (2009) for the research study. The choice for a research paradigm and research assumptions are also presented. The chapter explains the research strategy and the sampling strategy, data collection, and analysis of the study.

The next section in the chapter describes the research strategy and explores sampling, data collection, and analysis of the study.

3.2 Research design

The research design focuses on the way to address a research plan (Newman, 1994). This study uses the qualitative research.

A qualitative research design focuses on the researcher's knowledge based on the meaning of individual experience, socially and historically, to develop a theory (Creswell, 2013; Newman, 1994). Data collection methods in this research approach include narratives, phenomenology, case study, and grounded theory (Creswell, 2013). In this research design, interviews were conducted with EHW practitioners.

3.3 Choice of qualitative enquiry

The researcher chose qualitative research because semi-structured interviews were conducted with EHW practitioners within the SAPS, Tshwane West Clusters. Qualitative research is an inquiry project, but it includes more than a record of human experience related to a moral, allegorical, therapeutic project and ethnography (Denzin & Lincoln,

2005; Magilvy & Thomas, 2009). Authors such as Creswell (2003, p. 18), Charmaz (2008), and Salkind (2012) define a qualitative approach as an approach in which the investigator frequently creates information that emerges predominantly from constructivist viewpoints.

The researcher is the main tool in a qualitative study, which generates meaningful data through personal interviews, observations, and notifications (Magilvy & Thomas, 2009, p. 289).

3.3.1 The advantages and disadvantages of qualitative research

A qualitative research helps obtain the humorous data, as well as elasticity and directness, may be obtained (Flick, 2009; Straus & Cobin, 2008). It also helps establish truth in contact with participants' social environments and feelings while exploring their perceptions and perspectives (Bryman, 2006; Denzin & Lincoln, 2005). The investigator gathers flexible, developing information with the main body determined from emerging themes gained from the information (Creswell, 2003).

Although using a qualitative method in a study takes more time, it is more cost-effective (Creswell, 2017). Interviews are more trustworthy as data are collected directly from the research participants, and the researcher can always make follow-up questions (Drabble et al., 2016).

The following are the advantages of the interviews (Drabble et al., 2016, p. 129):

- Cultivate rapport and maintain a connection.
- Demonstrate responsiveness to interviewee content and concerns.
- Follow-up questions could provide more information about the topic under study.

The main disadvantage of qualitative research is that it takes time, and the researcher may lose detachment (Straus & Cobin, 2008; McNeill, 1990). McNeill (1990) claimed that throughout the study, the researcher must be vigilant about outside barriers that may come up during interviews.

In this study, the researcher wanted to better understand the EHW practitioners' experiences about the extent of the HIV/AIDS intervention programmes at SAPS. The semi-structured interviews helped the researcher understand experiences regarding the HIV/AIDS programmes in more detail and clarify responses. The other advantage of the qualitative method is that the researcher was allowed flexibility in questions (Drabble et al., 2016). Participants were further asked more questions on the HIV/AIDS programmes in the SAPS, and the researcher recorded the interviews.

3.4 Research philosophy

A first-principles or ultimate approach that focuses on beliefs is called a philosophy or paradigm (Guba & Lincoln, 1994, p. 107). Guba and Lincoln (1994, p. 107) indicated that philosophy or paradigm presents several potential world ties and their components (i.e. people).

In an attempt to understand why different scholars conduct a study, Saunders et al. (2009) proposed different scientific ways that influence scholars to conduct research. They claim that the research viewpoint comprises imperative assumptions about the method in which one understands the world.

Figure 3.1 below shows several paradigms and assumptions for both qualitative and quantitative approaches and the role of researchers in the assumptions about the way the world operates (Saunders et al., 2009). It also shows various philosophies that are regarded as adequate knowledge and the role of our own beliefs and paradigms for science.

In this section, the researcher will show the type of research philosophy chosen for this study.

Figure 3.1 below shows the research onion.

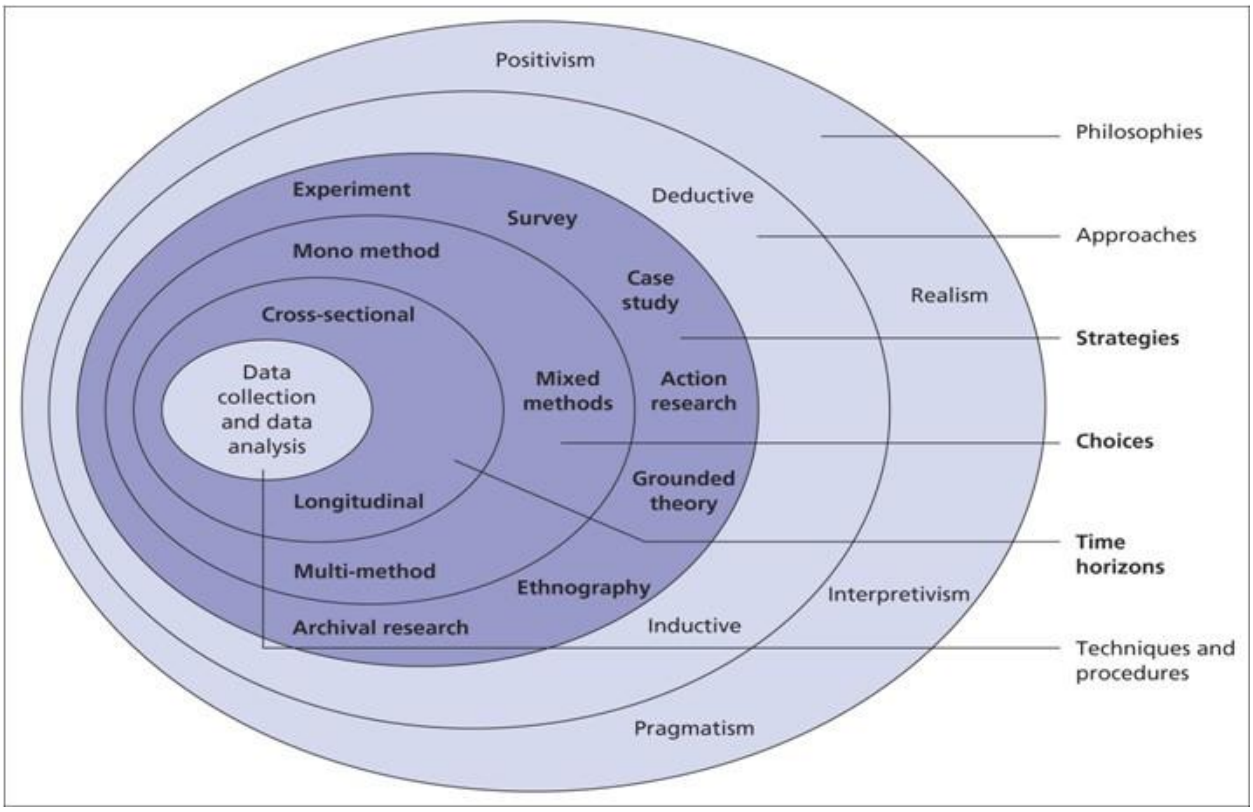

Figure 3.1. An Illustration of the Research 'Onion'

Source: Saunders *et* al. (2009, p.108); (2016, p.124)

Saunders et al. (2009, 2016, p. 124) explain the "research onion" as a method to unpack the research philosophy features, such as positivism, realism, and interpretivism. Positivism paradigm entails testing hypotheses or phenomena based on the framework (it involves the generalization of treatment, simplistic patterns, instrumental reasoning, and independent variables on participants) (Schraig, 1992; Saunders et al., 2009, 2016). A realism paradigm entails a world existing independently of our knowledge (Sayer, 1999). Interpretivism focuses on understanding the context where research is conducted (how we make sense of the world around us) (Thanh & Thanh, 2015; Ponterotto, 2005). Hence, this study followed an interpretivism paradigm to develop an in-depth understanding of the participants' structured information about the HIV/AIDS programmes offered at SAPS.

3.4.1 Interpretivism

Interpretivism was used in this study owing to its ability to interpret what has been said or done by others in a social world, including their perception (EWH practitioners' perception of HIV/AIDS programmes) (Charmaz, 2008; Creswell & Poth, 2017; Merriam 2009). The research information is proportional to time and meaning, and the scientist is involved and participates in the analysis (Harrison et al., 2017; Saunders et al., 2009).

Interpretivism was used because it has prejudicial effects; it is considerate and takes action in a way that people understand and familiarise with the circumstances around them (Grix, 2010; Saunders et al., 2009). Interpretivism involves acknowledging subjectivity and researchers' participation in the structuring and understanding information (Charmaz, 2014). In addition, interpretivism has to do with the way individuals seek understanding of the world they live in (Creswell & Poth, 2017).

Qualitative research includes a conversation between the investigator and the contributors and is suitable when individuals' understanding needs to be understood (Babbie, 2010; Creswell, 2009; Liamputtong, 2013). The interpretivism paradigm entails understanding and interpreting the meaning of what individuals uphold as well as being open to the upcoming interpretations for the improvements of some phenomena (Charmaz, 2008; Corbin & Strauss, 2008; Lincoln et al., 2011).

Harrison et al. (2017) highlight that interpretivism expects the researcher to understand the differences between people in their social position and emphasizes this as conducting a study among individuals rather than objects. Saunders et al. (2009) claimed that how people understand the social roles in daily life correlate with the sense which we offer these roles; they appear to interpret others' social roles in line with our thought group.

3.5 Research approaches

The next section deals with the deductive and inductive approaches in the study as per peeling the 'research onion'. The researcher also indicates the research approach that was chosen for this study.

3.5.1 Deductive approach

A deductive approach becomes useful in a large group that uses existing theory as previous experience for testing a new hypothesis (Andershed, 2019; Bergdahl et al., 2019; El-Eray & Merrienboer, 2017; Saunders et al., 2009, 2016). An approach involves practical examples as a way of introducing theoretical knowledge (Marei et al., 2017 p. 1268).

3.5.2 Inductive approach

An inductive approach involves shifting from a real practical work environment to theoretical knowledge (sharing the experiences of how the programmes work) (Fereday & Mui-Cochrane, 2006; Marei et al., 2017; Saunders et al., 2009, 2016)

The researcher in this study used the inductive approach to gather information from the EHW practitioners on how HIV/AIDS programmes work in the SAPS. As such, an inductive process is used to identify patterns of responses and to interpret the variety of the participants' perceptions, when, as in the case of EHW practitioners' give voice concerning programmes to deal with HIV/AIDS in the SAPS (Charmaz, 2008; Merriam, 2009).

3.6 Research strategies

The research strategies are guided by one's research questions and objectives, existing knowledge, time, and resources available (Saunders et al., 2009, 2016). Some of the research strategies are deductive and others are inductive.

Next the researcher explains grounded as the main research strategy that was followed in this study.

3.6.1 Grounded theory

Grounded theory is an inductive approach that helps to predict and explain behavior to develop and build theory (Goulding, 2002, 2005; Saunders et al., 2009, 2016). In

grounded theory, data collected are considered to draw conclusions that involve theoretical insights (Saunders et al., 2009 p. 151).

In this study, grounded theory was used to understand and create a theory from the ground up' (understand and make sense of the collected knowledge at the EHW division in the SAPS about HIV/AIDS programmes) (Charmaz, 2006, 2008, 2014; McCallin, 2003). The grounded theory approach involves communication between the participants and the researcher (EHW practitioners and researcher) to generate a sense of the occurrence being studied and emerging categories and the theoretical samples of various clusters would then describe the context in which meanings are created to maximize similarities (Charmaz, 2006, 2008, 2014; Goulding, 2000). During grounded theory, the data collection and analysis procedure were done concurrently when the qualitative method was used (Charmaz, 2006, 2008, 2014).

Grounded theory also has the ability to construct information from the data and when there is little information on an area, a researcher would conducts a study in a specific way that would produce more information from the ground (Charmaz, 2006, 2008; McCallin 2003). In grounded theory, the researcher gets into the domains of those understudies to perceive the subject's circumstances and the communications and understandings that happen (Goulding, 2002, p. 39).

According to Charmaz (2008, p. 155), grounded theory is the technique that begins with a systematic, inductive approach to data collection and analysis for research-creation that also includes categories of inspection from successive levels of analysis through a hypothesis. In addition, the grounded theory paradigm within qualitative research gives EHW practitioners' voice to study action at its origin (Charmaz, 2014).

Grounded theory methods consist of systematic but versatile instructions for data collection and analysis to construct data theories (data is a collective word and thus is used in the singular form – Ed) (Charmaz, K. 2014 p. 1). In grounded theory, a researcher keeps an open mind and allows the data to inform the finding of information (Jones et al., 2005; McCallin, 2003).

Bitsch (2005) argues that inductive reasoning in grounded theory determines data interactions and data collection to be a systematic process. This kind of reasoning, according to Charmaz (2014), includes understandings because the researcher sees all imaginable hypothetical explanations for the observed data and then begins to check theories until arriving at the most reasonable understanding of the experimental data.

3.7 Research assumptions

Ontology and epistemology view research from the perspective of what are 'footings' to the research (Grix, 2010, p.57; Saunders et al., 2009). Guba and Lincoln (1994, p. 107) indicated that there are many explanations why the ontological and epistemological concepts that underpin research should be well understood and transparently stated.

Ontology and epistemology can be regarded as the basis for understanding the basis of research (Guba & Lincoln, 1994; Grix, 2010). Based on ontological and epistemological assumptions, the methodology and sources are closely linked (Grix, 2010; Mouton, 1996). The epistemological, ontological, and methodological assumptions relating to this study will be discussed in detail below.

3.7.1 Ontology

In research, ontology is the starting point for some scholars and is about the objective of the matter concerned and how these are categorised (Guba & Lincoln, 1994; Grix, 2010). Ontological assumptions are concerned with statements about the nature of the study and raise the question about researchers' assumptions about worldviews (Babbie, 2008; Grix, 2010; Saunders et al., 2009).

Business and management researchers describe the two aspects of ontology both of which have their aspects (Grix, 2010; Saunders et al., 2009). Furthermore, many researchers are likely to recognize both as generating true information. There are several ways in which present ontological reality emerges (Guba & Lincoln, 1994; Saunders et al., 2009). First, it is characteristic of ontology to be discussed as objectivism which represents the point that public units occur in genuineness outside of their reality. Second,

subjectivism grasps that societal wonders are shaped from the insights and subsequent activities of their existence.

The researcher is accountable for the unceasing building of reality, and trusts that the reality occurs regardless of individual's understanding of it (Grix, 2010; Saunders et al., 2009). In this study, the researcher will look at the knowledge of dealing with HIV/AIDS interventions in the workplace. The ontology relates to the researcher's study as the researcher will be finding reality from the EHW practitioners about the interventions they are using in the workplace.

3.7.2 Epistemology

Epistemology establishes appropriate knowledge in a field of research and the views of what researchers consider important in the study of the social reality (Babbie, 2008; Guba & Lincoln, 1994; Saunders et al., 2009;). In other words, it maps out what we believe we know. The questions on whatever individuals repute as knowledge of things in the social world are intended to aid the researcher to discover what kind of epistemological assumption the research articulates (Guba & Lincoln, 1994).

The researcher claims that this is the recognizing and exploring of EHW practitioners' voices on interventions and how colleagues experience these interventions and understand experiences (Babbie, 2008; Grix, 2010; Saunders et al., 2009).

3.7.3 Methodology

Methodology refers to the most appropriate approaches to be used, the nature of the research, and social structure suggestions that individuals construct through interaction between researcher and participants (Wolgemuth et al., 2017). In other words, methodological assumption reveals how the methodology of the research is to be achieved. Guba and Lincoln (1994) further mentioned that the methodological assumption asks the question of how the inquirer would go about finding whatever is believed to be known or how we make sense of the world around us. EHW practitioners' perceptions on interventions are the key link to the methodological assumption as the researcher finds out about EHW practitioners' experiences.

3.8 The Unit of analysis

The units of analysis for the study were the EHW practitioners employed in the SAPS EHW division in the Tshwane West Clusters because they were accessible to the researcher. The improvement of the overall health programmes in South African organisations is well recognised and the fight against diseases such as HIV/AIDS, Tuberculosis, Malaria, and so forth, has been strengthened (Ramsay et al., 2014). In several low- and middle-income countries, organisational research is not applied successfully, regardless of the potential for programmes' strength (Ramsay et al., 2014 p.79).

The operation of the programmes including those dealing with HIV/AIDS in various organisations plays an important role and contributes to evaluating the performance of their employees (Francis et al., 2016 p. 16). The health of employees in any organisation encourages productivity as ill-health results in loss of commitment. When the mission and vision of the organisations connect with health programmes, mutual goals emerge.

Limited theoretical information is available in the literature concerning health programmes that are used to deal with HIV/AIDS in the workplace. The qualitative research approach was used to collect data; context analysis and grounded theory were used. The location in which the data were collected or conducted is regarded as a context. The availability of people as well as time in any of the organisation are characterised as a context. The researcher wanted to explore the nature and extent of the HIV/AIDS programmes in an organisation.

Therefore, an interpretation of the data collected has a meaning on how programmes are facilitated in an organisation. The study explores the HIV/AIDS programmes available in the SAPS.

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3.9 Sampling

The sample involved choosing a number of EHW practitioners from the population that represents the entire population (Bryman et al., 2015; Salkind, 2009). The type of sampling that was suitable here was purposive sampling, which is a sampling unit with the most details on the characteristic of interest within the population segment mentioned (Guarte & Barrios, 2007, p. 277) (for example, the EHW practitioners who have facilitated the programmes). Purposive sampling is also a practical need shaped by the time that is available to the researcher (Schatzman & Strauss, 1973, p. 39).

Cummings and Worley (2008) mentioned that, during research, no information gathered outside would be considered. In the case of this study, no information from persons who do not have any EHW intervention background was taken into account.

3.9.1 Criteria for selecting participants

The specific criteria for selecting participants were as follows:

- Be the employees that coordinate and facilitate the HIV/AIDS programmes in SAPS.
- Age range of 18 to 65.
- Have more than one year of experience as practitioner or facilitator of the EHW programme.

3.9.2 Target population

The study involved the SAPS employees within the SAPS EHW division (EHW practitioners) in Tshwane West Clusters (Gauteng Province). The target population in this study were EHW practitioners working specifically with the HIV/AIDS programmes in the SAPS. The SAPS EHW consisted of employees from different backgrounds or professions, ethnic groups, age groups, gender, hierarchical levels as well as language groups.

3.9.3 Sample size

From the study population of the EHW practitioners in the Tshwane West Clusters, the researcher sampled between one (1) and six (6) EHW practitioners.

Owing to the limitations and withdrawal of some EHW Practitioners, the researcher ended up interviewing six (6) EHW practitioners. Sandelowski (1995) and Weil (2008) pointed out that there are no computations or power in qualitative research; a minimum number and types of sampling units are adequate. Factors are available, including the purpose of sampling and the type of targeted sampling and research method used, to help researchers decide whether sufficient data have been collected (Sandelowski, 1995; Weil, 2008).

When using interviews to collect data, data saturation does not have a quantifiable number and the researcher can take what he/she can get and as long as the same questions are asked to multiple participants (Ness, 2015 p. 1409). Data saturation is not dimensional and may be achieved at different stages (Hennink et al., 2017 p. 594).

Data saturation was achieved with the sample under study and saturation was used to ensure the collection of correct, high-quality data to support the study (Ness, 2015). Ness (2015) further stated that saturation of data is achieved if adequate information exists to reproduce the analysis when additional data are collected and more coding is not available. In this study, data saturation was reached after interviewing the fourth participant.

3.9.4 Access negotiation

Before the access negotiation, the researcher contacted the SAPS's Head of Research Division to enquire about the steps required to gain access to conduct a study in the SAPS EHW division. An approved proposal from the University was sent to the research section for evaluation, and it was forwarded to the next section in the Gauteng Head Office for further arrangements.

An ethical clearance certificate was requested by the SAPS; the University sent the clearance certificate to the SAPS to grant permission. After the researcher provided a

certificate to the SAPS, they then approved the study to be conducted at their SAPS EHW section.

The researcher was referred to SAPS EHW coordinator for further final arrangements to conduct the interviews. After meeting with the coordinator, the researcher conducted semi-structured interviews with the EHW practitioners about the HIV/AIDS programmes offered in the SAPS Tshwane West clusters in Pretoria.

3.10 Measures to ensure the trustworthy of the study

The next section focuses on the credibility, dependability, confirmability, transferability and authenticity in the study.

3.10.1 Credibility

Credibility means establishing a match between the participant's responses to the question asked with those realities hold by the researcher (Sinkovics et al., 2008). In other words, credibility means the researcher makes sense of the responses/findings from the study.

The researcher collected data until data saturation was reached. As was stated in the permission letter from the SAPS, the findings of the study are to be presented to the organisation as proof that the researcher understood the participant's experiences and conclusions.

3.10.2 Dependability (Repeatability)

Dependability means that the researcher is concerned with stability throughout the study (Sinkovics et al., 2008). This means that the researcher is consistent with how data were collected, audiotaped, and analysed.

The researcher ensured the study's dependability by providing a detailed process to the participants on how data are collected throughout the study.

3.10.3 Conformability

Conformability ensures that the data gathered reflect the circumstances of the participants (Sinkovics et al., 2008). The researcher kept research notes and audio recordings as proof of the research.

3.10.4 Transferability

Transferability means the extent to which the findings can apply to other similar circumstances (Bless et al., 2013, p. 237; Sinkovics et al., 2008). This refers to how the findings from SAPS Tshwane West clusters can be generalised to the clusters.

Detailed responses about the EHW practitioner's experiences on the HIV/AIDS programmes in the SAPS are provided in the findings. Purposive sampling as part of the transferability ensured was used as mentioned in the sampling section.

3.10.5 Authenticity

The researcher has to make participants' responses comprehensible for readers to understand the participants' viewpoints (Sinkovics et al., 2008). In the study, the discussion includes the EHW participants' understanding or experiences.

3.11 Potential Bias

The use of purposive sampling for this study to identify participants in the SAPS EHW is a potential bias. By purposively selecting EHW practitioners in the SAPS EHW division in Tshwane West clusters excludes bias because others from other clusters were not included in the study (Sadler, 1981; Pishghadam et al., 2017).

To minimise potential bias in the research study, the researcher sent the proposal to the SAPS's research division via e-mail and telephone to identify the section that relates to the topic. After examining the documents required, the researcher was permitted to contact the Tshwane West clusters' EHW coordinator in Pretoria to interview HIV/AIDS practitioners without ignoring the right to voluntarily participate in the study (Pishghadam et al., 2017).

As pointed by Sadler (1981, p.25), potential sources of bias include the following:

- Conflict of interest between the researcher and the coordinator of the section/division;
- Reactions between the research participants and the researcher, because of the purposeful, goal-oriented activity of both parties;
- Carelessness in the way the findings are obtained in the study (negativity and positivity towards questions asked).

In the research study, the researcher's reaction was related to the fact that questions are being responded to differently. The researcher would not judge the uniqueness of the participants about those questions (Sadler, 1981). The confidentiality, right to privacy that was raised on the ethical considerations used also caters for potential bias.

The judgments or bias of the way the sample or case appeared to be representative of the population through background experience brought to the study by the participants of idiosyncratic trappings (Sadler, 1981, p.29). In this study, the researcher removed the perception that responses on the HIV/AIDS programmes must follow certain criteria when collecting data.

3.12 Rationale for conducting research

For this study, a qualitative study design was used to fully understand the extent to which the HIV/AIDS programmes are run by the SAPS, which can be achieved from EHW practitioners' knowledge and understanding and perceptions about the intervention programmes at their workplace. A qualitative research design was explained in terms of social and behavioural science research that examines the methods that motivate human behaviour using investigative methods: interviews, case studies, and other personal techniques (Salkind, 2012).

3.13 Screening of articles on employee wellness construct and HIV/AIDS

The researcher was assisted by a UNISA librarian to search for other sites such as Google Scholar for a comprehensive list of articles on employee wellness. More than 100

articles were identified in the searches. The duo first looked at the relevance of the topic, abstract, and the methodology used. Criteria of inclusion and exclusion in the study were used to select the preferred articles.

Since the study is based on qualitative research, some articles that included quantitative methods were excluded. The following criteria were used based on the inclusion and exclusion of articles on employee wellness.

3.13.1 Inclusion (in the literature review)

- Articles published between 2013 and 2020
- Authors who used a qualitative research method
- Articles on wellness and wellbeing

3.13.2 Exclusion (in the literature review)

- Articles published before 2008.
- Articles about development.

3.14 Data Collection

The study explores and investigates the nature and extent of HIV/AIDS programmes in the SAPS. It examines the effectiveness of these programmes.

A broader study to explore the EHW programmes related to HIV/AIDS in the SAPS involved several EHW practitioners from the same setting (SAPS) who would offer their views on the topic. EHW practitioners had the opportunity to share their perspectives and views in society and the community on the HIV/AIDS programmes (SAPS). They have clarified their perceptions of the commonly implemented services and new disease strategies. The study collected data using open-ended semi-structured interviews.

Data were obtained using semi-structured interviews. Interviews are reliable because new information is discovered (Saunders et al., 2000). Interviews do not restrict interviewees

when answering questions; they allow the researcher to gain a better understanding of what the participants perceive about phenomena under study (Leedy & Ormrod, 2001).

The responses obtained from participants will be matched with the current literature (Leedy & Ormrod, 2001; Cummings & Worley, 2008). Through interviews, the researcher can build rapport with participants and gain their trust (Saunders et al., 2000; Cummings & Worley, 2008). Interviews are valid because they are current and responses are true and accurate (Saunders et al., 2000; Cummings & Worley, 2008). However, the researcher may misinterpret the data, and interviews are relatively expensive and time-consuming (Cummings & Worley, 2008).

3.15 The researcher in the study

The researcher adhered to aspects of credibility proposed by Bitsch (2005) when conducting research:

- Protracted participation asks whether the researchers have spent enough time at the research site (SAPS EHW division) and have developed the trust required to explore local buildings and appreciate their meaning and culture.

- Persistent monitoring raises whether the researcher has carried out a rigorous analysis to collect accurate information inside the organisation.

- Peer debriefing explores whether the researcher has held an ongoing discussion during the research process with non-contractually involved peers.

- Member controls address the input and report of research participants.

The aspects mentioned above were taken into consideration and adhered to during the study. The study was conducted via semi-structured interviews where notes were taken and audio recorded.

The interview research questions' guide was used to evoke answers that help the researcher to make important choices about the quality, scope, and focus of the study (refer to Appendix B) (Ritch & Mengel, 2009, p. 217). Ritch and Mengel (2009) also

indicate that the guiding questions include a response to explain the clarification and significance of the questions.

3.16 The recordings of the interviews

The researcher used various methods during the interviews: audio recordings and field notes to gather data and reach data saturation. Informed consent of the participants was obtained when using the audio recordings and other instruments while conducting semi-structured interviews.

In a qualitative study, audio recording or taping is the most common type of capturing the words and experience (Given, 2018 p. 191). Audio taping was a good choice as it gives an insight into the participants' and researchers' discussions (Louise & While 1994). Furthermore, Louise and While (1994) highlighted that audio taping reduces the interviewer/researcher error. Notes were taken to contextualise the data collected for each participant. Furthermore, text knowledge, stories, and stories told about their experiences by participants are done in audio recordings or notes taken by the researcher (qualitative research data) (Lambert & Lambert, 2012; Magilvy & Thomas, 2009).

Transcripts provide the following benefits to a study as mentioned by Halcomb and Davidson (2006):

- Verbatim transcripts may be useful for the researcher to promote data analysis.
- Transcripts help facilitate the analysis of the data by closing the data to the researchers.
- Cross-checking of data may be taken from the original audiotape when comparing transcripts.

When audiotaping, the researcher was interested in how Halcomb and Davidson (2006) made alternative steps for management of the data as follows:

Step 1: Interview audiotaping and the simultaneous note

The audiotaping process and field notes are considered during interviews.

Step 2: Reflective journalism immediately after the interview

This indicates that researchers are reviewing their field observations and establishing their initial contact experiences.

Step 3: Audiotape listening, and field notes and statements being updated/revised

The audiotape is reviewed in conjunction with the researcher's notes.

Step 4: Preliminary content review

The content analysis method can be used to create common interactional themes.

Step 5: Review of secondary material

The second research team member was not previously involved in audiotapes and field notes in collecting data.

Step 6: Thematic review

This means that the established themes are changed. The audio recordings are used to identify illustrative examples to show the meaning of the themes from a participant's point of view.

3.17 Data Analysis from interviews

As part of the analysing method in grounded theory, content analysis was used because it can name themes and subthemes from the interviews. Communication messages in the written form used in studies are called content analysis (Babbie, 2007; Hsieh & Shannon, 2005). Hsieh and Shannon (2005) proposed significant variations in coding between three content analysis methods.

Table 3.1 below displays content analysis types.

Table 3.1: Content analysis types

Type of Content Analysis	**Study Starts With**	**Timing of Defining Codes or Keywords**	**Source of Codes or Keywords**
Conventional content analysis	Observation	Codes during data analysis are defined	Data are extracted on the codes
Directed content analysis	Theory	Before and during data analysis codes are described	Codes derived from theory
Summative content analysis	Keywords	Before and during data processing keywords are established	Keywords derived from researchers' interest or literature review

Source: Hsieh and Shannon (2005; p. 1286)

Qualitative content analysis has many methods for processing text knowledge (Hsieh & Shannon, 2005). The researcher followed Neill (2006) in using structured techniques to ensure a more valid content analysis by sorting, categorizing, and naming themes when analysing the research study. Inductive reasoning in grounded theory determines the data interactions in the interaction between the data and empirical tools and collection of data to be systematically processed (Bitsch, 2005; Bendassolli, 2013; Goulding, 2002; McCallin, 2003).

The researcher explored and investigated the nature and the extent of EHW programmes related to HIV/AIDS in the SAPS. The interpretations of EHW practitioners' voices,

knowledge, and experiences within the SAPS regarding HIV/AIDS programmes were considered.

3.18 Ethical Considerations

The ethical clearance certificate was obtained from the University's Ethical Committee. As part of the study, the researcher then drafted a letter in a form of a request to the SAPS's research division following the proper channels requesting permission to carry on with the study in the organisation.

SAPS EHW practitioners were asked to volunteer and participate in the study and may still withdraw at any given time. The researcher conducted semi-structured interviews on a one-on-one basis to maintain confidentiality and give participants the freedom to communicate without being discouraged. Participants were informed about the confidentiality of their views and that it will be recorded since the topic of HIV/AIDS is very sensitive and other employees may not wish to disclose information about the incompetency of their organisation in meeting their needs. Participants were not able to give their names or their job titles of service to ensure anonymity. Participants were also informed about the objectives of the study.

Adding to the above information, there are several aspects of ethics in research that should be considered when conducting research. De Vos et al. (2011 p. 115) proposed some principles in research that are harm avoidance, voluntary engagement, informed consent, subject-matter deceit, and privacy infringements, anonymity or confidentiality. The following aspects are also considered:

The first aspect involves getting consent from the individuals that participate in the research. Consent involved the process by which a person may choose to take part in a study or not (Faden & Beauchamp, 1986). The role of the researcher was to make sure participants understood fully the intent and methodology for the analysis, the risks involved, and the demands put on them. The participant should also realize that they have the right to cancel the report. For example, a consent form was given to each participant to read and sign before participating.

The second aspect is harm.

Researchers have to protect the research participants from damage. Harm may be commonly interpreted to include extreme physical pain or death, but it also includes psychological stress, personal shame or humiliation, or countless effects that could significantly affect participants (Paulus et al., 2003).

The third aspect is privacy.

The personal information of an individual deserves a controlled distribution**.** Researchers need not violate privacy of participants.

The fourth aspect is deception.

The deliberate misrepresentation of information about the intent, nature, or consequences of a survey constitutes a deception (Depaulo et al., 2003). Thus, deceit applied to the experiences of the participants is either an omission by the researcher.

The basic ethical principle for qualitative research requires the researcher to avoid influencing the research. Terre Blanche et al. (2006, p. 67 – 68) proposed four widely accepted philosophical principles to determine whether the research was ethical:

- **Autonomy and respect for the dignity of persons**

This principle involves the protection of individual and institutional confidentiality. This research adhered to this principle by keeping the names of participants and the organisation confidential.

- **No maleficence**

As stated above, the researcher ensured that no harm comes to the participant. According to Terre Blanche et al. (2006, p.67), harm does not only include physical pain or death but also wrongs – where a participant can be wronged by aspects of the research. In this research project, care was taken to protect participants from such harm by adhering to the ethical principle of consent, privacy, and not deceiving the participants.

- **Beneficence**

Terre Blanche et al. (2006) state that this philosophical principle obliged the researcher to optimise the benefits to the participants.

- **Justice**

This concept demanded that researchers treat study participants in all phases of research with dignity and justice. In this research project, the participants were treated with the utmost respect, fairness, and equality.

The above ethical considerations were applied when researching the SAPS with EHW practitioners.

3.19 Summary

This qualitative study used a qualitative exploration. The researcher explored methods used to ensure trustworthiness in a study, potential bias, and ethical considerations. How the researcher negotiated accessibility and data collection was also explored. The research was based on the purposive sampling of the EWH practitioners; it guided semi-structured interviews, and open-ended questions were asked. The next Chapter 4 focuses on the research findings.

CHAPTER 4

RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

In the previous chapter, the research methodologies, data collection, and data analysis were discussed. In this chapter, the findings of the study will be discussed.

Three main themes emerged from the study:

- Theme 1: The nature of HIV/AIDS programmes in the SAPS
- Theme 2: Challenges when offering HIV/AIDS programmes
- Theme 3: Measurement tools and recommendations to be considered for the HIV/AIDS programmes.

The objective of this study is to identify the nature and the extent of the HIV/AIDS programmes in the SAPS Tshwane West clusters, Gauteng Province.

The findings are based on the literature review and the data obtained from six individual interviews with participants employed as EHW practitioners (social workers, psychologists, etc.) at the SAPS.

As was discussed in the previous chapter, the data analysis was performed using content analysis: sorting, categorising, and naming themes.

In the next section, the researcher will introduce each of the themes and subthemes. Verbatim quotes from the interviews were used to confirm the codes.

4.2 Theme 1: The nature of HIV/AIDS programmes in the SAPS

The following main and probing questions were askedTheme 1:

Main question:

- Tell me more about the nature and extent of the HIV/AIDS programmes in your organisation (SAPS)

Probing questions:

- Does the programme provide voluntary counselling and testing?
- What other kinds of HIV/AIDS awareness programmes are provided by the organisation?
- Are the HIV/AIDS programmes mentioned offered to everyone or members according to their job levels?
- Do you attend and monitor support groups for those infected and affected by HIV/AIDS?
- What process is followed when an infected member does not perform well according to required standards?
- Can you please elaborate more on the candlelight memorial?

4.2.1 Subtheme 1.1 The nature of HIV/AIDS programmes in the SAPS

The main theme and answers relating to the nature of HIV/AIDS programmes are depicted in Table 4.1 below.

Table 4.1 Nature of the HIV/AIDS programmes

Main question: Tell more about the nature of the HIV/AIDS programmes in your organisation (SAPS)	
Verbatim evidence	Individual Code
Participant 1: We have HIV policies, peer educator programmes, condom distributions, support groups, and STI awareness in the South African Police Services' Employee Health and Wellness division to deal with HIV/AIDS. Participant 3: Policies in our organisation about the HIV/AIDS programmes are used to give to Section Heads and practitioners information on how to be cautious in dealing with the issues related to this and other diseases. Participant 4: An HIV policy guides us to plan our HIV/AIDS programmes for all members. Participant 6: All the health-related programmes fall under the Department of Health in all organisations in the country. As I mentioned before, we use a 90 90 90 strategy set out by the Department of Health to say that 90 percent of people in the country should be given treatment once tested.	Guiding information on HIV/AIDS programmes
Participant 2: The peer educator programmes train our staff members, from cleaners to the senior management, on the HIV/AIDS disease and consequences of not taking care of themselves as well as how to remain healthy. Participant 3: We do training and mentoring for all members to continue with the service in the absence of regular senior practitioners. Peer helpers may continue with the guidance.	Peer educator programmes
Participant 2: During May, we do a candlelight memorial for members who have passed away because of HIV/AIDS. Participant 5: Awareness sessions about HIV/AIDS are given to all employees. New information about HIV/AIDS is provided every day, and everyone must voluntarily get the information.	Awareness campaigns
Participant 1: We do have alternative placement; for example, if a member is working at a magistrates' court, where many people go every day, and the employee is very weak, we place him or her at the station, for him or her to recover well. Participant 2: During the candlelight memorial, we give messages of support to members who are infected and affected. Participant 3: Our organisation has a division called Employee Health and Wellness where trained practitioners are available to offer free counselling to the infected and affected members to make sure they are coping with the situation. Also, everyone in our organisation, from cleaners to senior management, receives the same support and goes through the same programmes. We do not offer specific support to specific job levels. Participant 4: We have support groups for employees and their families where we advise them that HIV/AIDS or any other diseases are not a death sentence and you can still look healthy while infected. Participant 5: We have social workers, psychologists, and chaplains giving spiritual and physical support to members infected with HIV/AIDS. Participant 6: We ensure that there is guaranteed physical support in terms of showing moral support to the affected and infected members on an ongoing basis.	Support

From Table 4.1, it is evident that the participants view the nature of the HIV/AIDS programmes in terms of the types of programmes offered:

- Peer educator programmes (two participants)
- Awareness campaigns (three participants)
- Support (six participants)
- Guiding information to deal with HIV/AIDS in the South African Police Services (four participants)

Discussion as depicted by the participants in the SAPS EHW.

Four participants mentioned that the SAPS has HIV policies that guide them on facilitating HIV/AIDS-related workshops. Those policies are the ethics to guide decisions that the SAPS makes to plan the HIV/AIDS programmes. Two participants highlighted that peer educator programmes to train employees from senior management to cleaners as the HIV/AIDS disease does not choose people according to their titles. The peer educator programmes act as a teaching tool to guide the employees about the consequences if they are not taking care of themselves.

Furthermore, on the subtheme of the nature of HIV/AIDS programmes in the SAPS, three participants elaborated on the awareness campaigns available in the organisation. They said that they have annual candlelight memorials in May (to remember those who passed away due to HIV/AIDS). Six participants further mentioned that participants do get support. For instance, they get replacements for several duties (like certifying copies at the community and information centre) that do not require big responsibilities. During the candlelight memorial, they get messages of support on how to continue with their lives; they have support groups as well as free professional support services (i.e., support from social workers, psychologists, nurses, chaplains, etc.).

The HIV/AIDS programmes are described in terms of their types. The participants concurred with the nature and purpose of the HIV/AIDS programmes. Furthermore, the participants indicated that they have trained practitioners employed within the EHW division that offers free counselling to infected and affected members and their families. Since more information about HIV/AIDS emerges every day, the participants believed that the programmes or interventions dealing with HIV/AIDS change from time to time.

The findings correspond with the views of some authors in terms of the nature of the HIV/AIDS programmes:

- Niakan et al. (2017) and Saldanah et al. (2017) (section 2.9.1) argued that HIV/AIDS programmes are described in different ways as several questions were asked and explained in terms of their types.
- Saldanah et al. (2017) (section 2.9.1) mentioned that HIV/AIDS interventions provide some ways or guidance of dealing with and managing the HIV/AIDS epidemic.
- Lundgren et al. (2018) (section 2.9.1) maintained that the definition of the HIV/AIDS programmes is presented in management and prevention of the HIV disease.
- Wilson and Taaffe (2017) (section 2.9.1) highlighted the importance of awareness campaigns such as behaviour change communication, condom distribution, and community empowerment.
- Chaffey and Bigby (2018) (Section 2.9.1) believe that peer educators' programmes contribute to employee participation that could lead to improved rehabilitation.
- Ingis (2018) (section 2.9.1) argued that emotional, physical, and spiritual support by the health professionals in most organisations play an important role in the wellbeing of employees.

4.2.2 Subtheme 1.2: Support given to SAPS employees with HIV/AIDS

Table 4.2 depicts the theme and answers to questions relating to the support given to SAPS employees with HIV/AIDS. Table 4.2: Support given to SAPS employees with HIV/AIDS.

Main question: Tell me more about the available support offered to SAPS employees to ensure that the HIV/AIDS programmes within the SAPS are sustained	
Verbatim evidence	Individual code
Participant 1: Polmed Medical Aid has a support programme for members and their families on HIV/Aids. Participant 2: We have the Gems Medical Aid scheme, which offers support programmes such as moral support to our members and their families on HIV/AIDS as well as to those members who have disclosed their HIV status.	Medical Aid
Participant 1: In terms of the support groups, we usually target people who are infected or affected. Participant 3: We have infrastructures in place for infected/affected members where we run support groups to engage with them face-to-face. Participant 4: We monitor the treatment of our members at all levels to see if they cope with their work, and if they need more support or help we do provide the same. For instance, we move them, to an environment where they can function well until they recover well.	Support groups
Participant 1: In our organisation, we have a section that provides free testing and counselling (pre-and-post) for those who want to be tested or are already infected. Participant 5: We have social workers, psychologists, and chaplains that offer support to affected and infected members. We care for the physical aspect of the members and provide spiritual and mental support. Participant 6: We have tools that determine the gaps for our members for HIV/AIDS programmes in the organisation, and these tools are effective. For instance, we have a database for the name of the patient (member), viral load, blood pressure, and the information is captured to measure their wellbeing. We use the information to check if a member needs further intervention/treatment and encourage infected members to continue taking medication.	Free services to employees
Participant 1: The South African Police Service Employee Health and Wellness is the division that deals with HIV/AIDS Programmes. We have several programmes. Among other programmes that deal with HIV/AIDS in the SAPS, we have HIV/AIDS STI awareness day, where members are made aware of the sexually transmitted diseases, and how to avoid them. According to the Department of Health, 90% of those who have tested positive should receive treatment. Participant 2: We also have condom dispensers in our toilets for employees to prevent the spread of HIV/AIDS. Participant 3: We are doing clinical research, and the findings are made available through the Department of Health to the public so that they can be informed about HIV/AIDS.	Prevention campaigns
Participant 6: We have HIV testing where we follow a 90 90 90 strategy initiated by the Department of Health. Ninety percent of the people in our country must undergo testing, and those who are tested positive need to receive treatment. Participant 3: We also do research and share information in collaboration with the Department of Health, and results are made available on our organisation's website. Participant 4: Other organisations such as the South African Medical Research Council help with research campaigns as they have a section that focuses on HIV/AIDS, TB, and so forth…	Awareness Campaigns

The information in Table 4.2 gives the participants' responses on the support received by employees on the sustainability of the HIV/AIDS programmes as follows:

- Medical aid (two participants)
- Support groups (three participants)
- Free services to employees (three participants)
- Prevention campaigns (three participants)
- Awareness campaigns (three participants)

Discussion by the participants in the SAPS EHW

It is clear from the gathered information that different support is given regarding the HIV/AIDS programmes offered.

Two participants believed that medical aid schemes are used as support programmes because they help monitor the wellbeing of the affected and infected members. Furthermore, the participants indicated that they have support groups that share their experiences and struggles. By so doing, all of them will see the support given as very important.

In terms of the prevention campaigns, some participants mentioned that they have sexually transmitted infection (STI) awareness campaigns, condom distribution. Clinical research is conducted to provide new information to members. Professionals such as social workers and psychologists provide counselling and therapy to the EHW members when the need arises**.**

Participants also mentioned that the 90 90 90 strategy by the Department of Health proposed a way of giving information to the public on the HIV/AIDS infection statistics quarterly. Two participants mentioned that research had been conducted by the South African Medical Research Council on HIV/AIDS. The information helps the country as to what level we are on concerning the spread of the disease.

The findings support the views of the following authors on the support available to employees on the sustainability of the HIV/AIDS programmes:

- Arya et al. (2018) and Human Science Research Council (2018) (section 2.9.4) explain the importance of providing infected people with treatment as early as possible after finding out.
- Baetan (2018) (section 2.9.4) mentioned that condom distribution could block the spread of the epidemic disease.
- Niakan (2017) (section 2.9.4) found that medical aid schemes provide easily accessible therapeutic information.
- Human Sciences Research Council (2018) (section 2.9.1) confirmed that most countries worldwide fail to provide the necessary awareness programmes/interventions for quality health programmes.
- Elkouri et al. (2016) (section 2.7.1.1) mentioned that Employee Assistance Programmes (EAPs) in South Africa have to be in place to encourage and achieve workplace and individual wellbeing.
- Birney et al. (2016) (section 2.7.1.1) stated that workplaces aim to look after employees' wellbeing through support groups resulting in increased employee productivity.

4.3 Theme 2: Challenges in offering HIV/AIDS programmes

The following probing questions were asked in Theme 2:

Main question:

- Tell me more about the challenges encountered in offering HIV/AIDS programmes to SAPS employees.

Probing questions:

- Do you, at some point, disclose the status of the members to everyone after they have been tested for HIV?
- How does the lack of infrastructure space affect the members who are attending support groups?

- What are other disadvantages you are facing?
- Are there other colleagues besides station commanders who are also making it difficult to run the HIV/AIDS programmes?
- What is the next step when you realise, based on the attendance register, that members did not attend workshops?

4.3.1 Subtheme 2.1: Challenges of the HIV/AIDS programmes

Table 4.3 below provides the information on the challenges experienced in offering HIV/AIDS programmes in the SAPS.

Table 4.3 Challenges of the HIV/AIDS programmes

Main question: Tell me more about the challenges in offering HIV/AIDS programmes to SAPS employees.	
Verbatim evidence	Code
Participant 1: Staff members within our organisation ignore the workshops that are HIV/AIDS-related as they think that other people will judge them. Participant 2: Members are afraid to seek help about the HIV/AIDS-related information as they think they will be called names. Participant 3: Most members are afraid that if they disclose their status to colleagues, they will be criticised as time goes by. Participant 4: Our members fear being discriminated against when they attend workshops. In other words, they fear being victimised and stigmatised.	Judgement / stigma
Participant 2: The other challenge is that we may receive instructions from the National Office to cancel all events planned for the day because members have to attend urgent requests. Participant 3: We normally try so hard to plan for HIV/AIDS workshops and members may get nominations from the Station Commanders. For example, we may plan a workshop for tomorrow and when we arrive at work we find that members are deployed to attend to a crisis happening around the communities that need their urgent attention. Participant 5: We plan the workshops and during the day of the workshop, our officers may leave early without even notifying the facilitators. Participant 6: The challenges that we are meeting are that patients do not come back after their first consultations and as a result, we struggle to trace them again.	Challenges during planning
Participant 1: The National Office deploys members during the workshops and some of the members are already in the workshop, they would be expected to leave, and the workshops would be disrupted. Participant 2: Station commanders or section heads do not send messages to staff members in time and that disrupts the operation of the workshops. Participant 4: Besides SAPS members being deployed at urgent calls, our station commanders would come with activities, disrupting the workshop, as	Disruption

those commanders themselves sometimes don't like to attend HIV/AIDS workshops Participant 6: Due to the lack of infrastructure space for the support groups the sessions from group to group are affected. For instance, you may find that you are doing counselling with a patient and another member comes into the office that disturbs the session. Confidentiality is compromised at that point.	
Participant 2: Station commanders or section heads do not send messages to staff members in time. Participant 5: Most of the workshops are strictly voluntary, we would send out programmes of the workshops, and managers would not release them to members.	No commitment from management
Participant 2: The other problem is that they do not trust the facilitators, as they think they will tell their status to other people. Participant 3: As we operate under the policy from the Department of Health regarding confidentiality, we do not disclose the status of members after they have disclosed it and we mention to those attending workshops or testing that everything we discussed will never be shared with anyone.	Fear of status being disclosed

Participants seem to concur that judgement, disruption, lack of commitment from management, and fear of status being disclosed are the main challenges when facilitating the HIV/AIDS programmes (Table 4.3).

The following are codes formulated in terms of the participants' interpretations:

- Judgement or stigma (4 participants)
- Challenges in planning the workshops (4 participants)
- Disruption during the days of the workshops (4 participants)
- No commitment from management (2 participants)
- Fear of status being disclosed (2 participants)

Discussion from the participants in the SAPS EHW.

Four participants indicated that affected members experience stigma and judgement, which remains the biggest challenge for the facilitators because the members are afraid to be seen attending the HIV/AIDS workshops.

The facilitators of the HIV/AIDS programmes experience disruptions during workshops because station commanders or section heads do not communicate messages about workshops in time to colleagues. Moreover, the shortage of space for the support group

sessions remains a challenge. The participants mentioned that the confidentiality of the patients attending the sessions becomes doubtful as their colleagues enter the rooms unannounced. The participants are not free to express their feelings during the sessions.

Moreover, the workshops sometimes continue without attendees as the members leave without notifying the facilitators. Furthermore, members are not returning to their follow-up sessions as planned after their first consultations.

Two participants further mentioned that their colleagues fear disclosing their HIV status to the facilitators despite assurance of confidentiality. The Department of Health ensures that facilitators prioritise confidentiality of anyone attending the workshops or being tested.

The findings support the views of the following authors on the challenges and disadvantages of the HIV/AIDS programmes:

- The Human Science Research Council (2018) and Wilson and Taaffe (2017) (section 2.9.3) highlighted that financing the HIV/AIDS programmes appears to be the biggest challenge as well as disruption experienced during sessions to provide good quality services in most organisations.
- Grosso et al. (2017) (section 2.9.3) argued that a controlled environment with no output, outcome or cost information appears to be challenging.
- Gwadz et al. (2017) (section 2.9.3) believed that some of the disruptions in public regarding the HIV/AIDS disease extend from the communities to the workplace.
- Weih et al. (2018) (section 2.9.3) mentioned that most employees are afraid of the stigma and discrimination when going for HIV counselling and testing.
- Saag et al. (2018) (section 2.9.2) pointed out that most people in senior management at first may not know when to start with the treatment and how to monitor the treatment.

- Brittain et al. (2018) (section 2.6) believe that the impact of poverty on women due to their male partners diagnosed as HIV-positive remains a problem in South Africa.

4.3.2 Subtheme 2.2 Disadvantages when hosting workshops related to HIV/AIDS

Table 4.4 shows the themes and answers relating to the disadvantages when hosting workshops related to HIV/AIDS.

Table 4.4 Disadvantages when hosting workshop related to HIV/AIDS.

Probing question: What are the disadvantages experienced when workshops related to HIV/AIDS are hosted in your organisation?	
Verbatim evidence	Individual code
Participant 4: It is so sad how the HIV/AIDS virus continues to kill most of our colleagues because of ignorance. Our colleagues furthermore ignore the posters about the HIV/AIDS workshops. Participant 5: The other disadvantage is that members do not have access to internal e-mails. As a result, it is difficult for us to reach them via e-mails, and information that goes through the commanders sometimes does not reach them in time. For instance, let us say a commander is the only person at a certain cluster with access to an e-mail he/she may neglect to convey the message to staff members about forthcoming workshops. Participant 6: Some members even ignore their calls when we try to reach them.	Ignorance
Participant 2: Members are not attending the workshops as expected and we do send the invitations early enough for them to prepare ahead to come and attend. Participant 5: Since the word support is usual to everyone, we always ensure we monitor groups and group them into 15 to 20 people. We do have conversations with them to see if they are coping. We also give them further support in terms of counselling and unfortunately, most of them do not show up at the next sessions.	Workshops are not attended
Participant 3: Section heads sometimes do not release the information about the HIV/AIDS workshops that were e-mailed to them, to fellow members in time. Participant 5: The other disadvantage is that members do not have access to internal e-mail. As a result, it is difficult for us to reach them via e-mail, and information that goes through the commanders sometimes does not reach them in time.	No access to e-mail
Participant 4: We need more offices in all the clusters for the facilitators because during the session, staff members may enter the office and after they have left, the members may not open-up. Participant 6: Infrastructure space for support groups is another disadvantage when trying to accommodate patients as members infected and affected an increase in number daily.	Infrastructure

Participants seem to concur that ignorance and a lack of a sense of urgency are the main disadvantages that the SAPS HIV/AIDS programme facilitator experiences (Table 4.4).

The following codes reflect participants' interpretations:

- Ignorance (3 participants).
- Workshop attendees (2 participants)
- No access to e-mail (2 participants)
- Infrastructure (2 participants)

Discussion by participants in the SAPS EHW

The participants concurred regarding the disadvantages they face when hosting a workshop that deals with the HIV/AIDS in their organisation. The codes that were used to group their responses regarding the disadvantages of the workshops were identified, and they included ignorance, the workshop not being attended, access to email and infrastructure.

Three participants mentioned that it is hurtful how their colleagues ignore the fact that the HIV/AIDS exists and affects everyone. Participants further mentioned that station commanders or management within their organisations delay the information about the workshop, which affects their attendance. Participants indicate that members ignore calls when they are trying to arrange follow-up sessions. This remains a concern to them since the spread of HIV/AIDS grows daily.

Two participants pointed out that members do not attend the workshops as expected and are not showing up at their obligatory follow-up sessions. Furthermore, participants highlighted that employees react negatively to the services or information shared about the HIV/AIDS workshops; they do not show up for the next sessions or workshops arranged. The other disadvantage is that Section Heads do not release information to the members in time and members do not have access to an internal email.

Concerning the infrastructure, two participants depicted that the clusters do not have enough offices for facilitators of HIV/AIDS programmes to cater for the counselling sessions.

The findings support the views of the following authors on the disadvantages of hosting the workshops related to the HIV/AIDS programmes.

- Alcalde-Rabanal et al. (2017) and Williams (2016) (section 2.6) believe that HIV/AIDS is the reason and will continue to be the reason that people are treated unfairly in organisations.
- Bakuwa and Mamman (2012) (section 2.7.1.2) argued that campaigns about the HIV/AIDS are being ignored in the communities and the workplace.
- World Health Statistics (2015) (section 2.6) mentioned that most people in the communities and workplaces are still at high risk of being infected with HIV/AIDS and other major diseases due to lack of information about the disease.
- Masenyetse et al. (2015) (section 2.6) mentioned that more than 10 million people worldwide are on antiretroviral treatment (ART), and some do not take the treatment as seriously as expected.
- Deribew et al. (2018) and Umlauf and Park (2018) (section 2.7.1.2) highlighted that the developing regions and remote rural areas still lack health centres and private health facilities.

4.4 Theme 3. Measurement tools and recommendations to be considered on the HIV/AIDS programmes

The following probing questions were asked in Theme 3:

Main question:

- Tell me more about the changes/recommendations that could be considered to improve the current HIV Programmes and why you do make those recommendations.

Probing questions:

- Do you have something more you can share about the recommendations in addition to what you have shared?
- Are there further measurement tools that you are using to measure the success of the programmes?

4.4.1 Subtheme 3.1: Measurement tools used for the HIV/AIDS programmes

Table 4.4.1 depicts the subtheme and answers relating to the measurement tools used to measure the success of the HIV/AIDS programmes in the SAPS.

Table 4.4.1: Measurement tools used to determine the success of HIV/AIDS programmes

Main question: "Tell me more about the measurement tools that used to determine the impact of HIV programmes offered to SAPS employees."	
Verbatim evidence	Individual code
Participant 2: An evaluation form goes out after every session to the participants, and they rate our services positive or negative regarding what we tried to convey to them. Participant 3: We have the tools to determine the gaps in our HIV/AIDS programmes in our organisation and monitor them after every workshop.	Evaluation forms
Participant 1: During our events or workshops, we keep the attendance register of attendees' names and their divisions. Participant 5: We check with SAPS Visible Police (Vispol) if their staff members attend the workshops.	Attendance record
Participant 3: We have support group tools that record the patient's name, the date that the patient recorded the information, and we use that information to check if a member needs further intervention. Participant 4: We have different kinds of workshops that run throughout the year. We might find that a person may attend the first workshop and not the second one. The record of every workshop is kept and compared after a quarter on how we can improve things.	Record keeping

Table 4.4.1 reveals participants' attendance and record keeping of the attendees as the measurement tool EHW facilitators use in the SAPS.

The following codes were made per individual interpretations:

- Attendance record (2 participants)
- Record keeping (2 participants)
- Evaluation forms (2 participants)

Discussion by participants in the SAPS EHW about workshops

All participants agree that measurement tools are used to facilitate any workshop conducted within the organisation. From the findings above, four participants provided several interpretations. They mentioned that they usually keep an attendance register and evaluation forms for those who attend the workshops. They have a tool that records the participants of every workshop, and they compare numbers for all the participants throughout the entire year.

Two more participants mentioned that they have a support group tool that goes from all the support groups they have in a cluster: it enables them to establish if the participants need further interventions or treatment. In addition, from the information that the participants provided, they mentioned that there is a database that records the patients' viral load and blood pressure to measure their wellbeing on treatment.

The findings support the views of the following authors from the literature on the measurement tools used to determine the success of the HIV/AIDS programmes:

- Guaraldi et al. (2019, p.273) (section 2.9.5) highlighted that evaluation forms were used as a tool to measure and record health status concerning overall detectability and it is patient-centred.
- Human Science Research Council (2019) and Jones et al. (2019) (section 2.8.1) argued that monitoring the services/workshops to target populations and long-acting formulations will minimise the impact of the disease.
- Van Brakel et al. (2019) (section 2.8.1) stated that measurement tools to determine HIV infection remain difficult because people often have nonspecific symptoms, and many people do not show up during campaigns or workshops.

- McCleary et al. (2017) (section 2.9) mentioned that HIV/AIDS programmes are being provided to employees at the workplace. Their efforts as organisations mostly go unnoticed, and employees do not participate in the process.
- Saag et al. (2018) (section 2.9.2) further mentioned that it is difficult to record treatment as patients do not take their medication as required and do not attend sessions as expected.

4.4.2 Subtheme 3.2 Recommendations for employees and organisations

Table 4.4.2 shows the information on the recommendations for employees and the organisation on the HIV/AIDS programmes offered.

Table 4.4.2: Recommendations for employees and organisations

Main question: Tell more about the changes/recommendations that could be considered to improve the current HIV programmes and why you make those recommendations.	
Verbatim evidence	Code
Participant 1: I recommend that HIV and AIDS programmes be included in all station commanders' job descriptions. It will make them take the programmes seriously and stop them from undertaking unnecessary operations when these workshops are run. It will also force them to ask for more HIV/AIDS awareness workshops and events because they will be assessed quarterly in this regard. Participant 4: National office should visit stations regularly to monitor the progress of the programmes. Station commanders also should be assigned to monitor the programmes as part of their job responsibilities. Participant 5: Top management who implement HIV/AIDS policies must help to check if they can confront station managers. I would be happy if the workshops become part of their responsibilities and rated on their Performance agreement because they do not pay more attention to them. I would like to see station commanders taking these workshops seriously. Participant 6: I can recommend that the organisation create more space for support groups because we as people are not only faced with HIV/AIDS … it also comes with mental health and the capacity to give more counselling. Mental health capacity is required to cater to infected or affected members to cope in all their activities..	Responsibilities
Participant 3: The section head must share information about HIV/AIDS workshops with the staff members early enough after they have received it. It will make members plan for the workshop. Staff members also need to have access to an internal email. Participant 5: It is very difficult to reach all members when trying to share information, as they do not have access to staff email. In addition, after every quarter or a year, we have meetings with the section head to discuss the attendance of members at our workshops and see how we can improve them. Participant 6: Research within our organisation is conducted on an ongoing basis about the issue of HIV/AIDS and how it affects people in the whole	Information sharing

country as well as within our organisation. Findings should be shared within our organisation as well as with the Department of Health..	
Participant 2: Top management members who implement HIV/AIDS policies must help to check and update the policies regularly. Participant 3: The facilitators of the workshops should also be monitored regularly to see if they are adhering to the requirements as per the operation of HIV/AIDS programmes.	Monitoring

Table 4.4.2 shows that participants believe that HIV/AIDS programmes should be part of the station commander's job responsibilities, as this would enable them to take the programmes seriously. The following are some of the codes that were used in terms of the responses of the participants:

- Responsibilities from the SAPS (3 participants)
- Information sharing (3 participants)
- Monitoring (2 participants)

Discussion by participants in the SAPS EHW

Two participants mentioned a gap from the station commanders on monitoring the HIV/AIDS programmes. The participants seem not satisfied with how the programmes are run within the clusters because managers do not monitor them. Four participants argued in terms of the responsibilities that EHW senior management need to create more spaces for the support groups, as HIV/AIDS is related to mental health. They further mentioned that the national office should visit the stations regularly to check if they are running the programmes as expected. Furthermore, they mentioned that the job descriptions of the station commanders should also include checking if those programmes are being operated so that they may be rated as part of their performance.

Regarding information access and sharing, the recommendations from four participants were that staff members should be given access to an internal email. Internal emails would allow them to prepare for this kind of workshop as soon as they receive them. They further mentioned that the findings of the HIV/AIDS research need to be shared within their organisation. It would help the members to see how dangerous the virus is. The

researcher noticed that the recommendations mentioned made a great impact on them as facilitators.

The following authors concur with some of their recommendations:

- Wilson and Taaffe (2017) (section 2.9.1) pointed out that targeting the right programmes for the right people in the right places will improve efficiency and effectiveness in sharing information.
- Grosso et al. (2017) and Human Science Research Council (2017) (section 2.9.5) argued that it is the responsibility of the facilitators that HIV/AIDS prevention programmes reach everyone irrespective of social status.
- Grosso et al. (2017) (section 2.9.5) further mentioned that the programmes should lower costs in most organisations and countries when treating those infected.
- Baeten (2018) (section 2.9.5) believed that monitoring the programmes to those groups that need them will help address challenges of accessibility.

4.5 Summary

More relevant themes emerged from the study as data were analysed. The themes were then grouped into four subthemes for comprehensive understanding. The data collected from the participants were then compared with the findings from the literature review and discussed to get a better understanding and link between them. The data from the four subthemes allowed the researcher to establish if the HIV/AIDS programmes in the SAPS are effective among their members.

CHAPTER 5

DISCUSSIONS OF THE FINDINGS

5.1 Introduction

Chapter 4 discussed and presented the research findings received from the EHW practitioners in the SAPS EHW division about the HIV/AIDS programmes. The findings were compared among the participants and integrated into the relevant sections on the literature review in Chapter 2.

This chapter draws discussions based on the findings discussed in Chapter 4 and the objectives of the study.

The following are the objectives of the study revisited:

- Objective 1: To identify the nature of HIV/AIDS programmes within the SAPS.
- Objective 2: To determine the extent to which the existing HIV/AIDS programmes address the needs of the employees.
- Objective 3: To explore measures that improve the HIV/AIDS programmes.

The main discussions of the research questions are highlighted below as per the findings discussed in Chapter 4.

5.2 Discussions regarding Subtheme 1.1: The nature of HIV/AIDS programmes in the SAPS

The participants concurred and viewed the HIV/AIDS programmes in terms of their types. Niakan et al. (2017), Lundgren et al., (2018), and Saldanah et al. (2017) (section 2.9.1) described HIV/AIDS programmes in different ways.

The participants agreed (section 4.2.1) that HIV/AIDS programmes are explained according to their types in different ways. They described the following definitions:

- Peer educator programmes (2 participants)

- Guiding information to deal with HIV/AIDS in the SAPS (4 participants)
- Awareness campaigns (3 participants)
- Support (6 participants)

5.3 Discussions regarding Subtheme 1.2: Support is given to SAPS employees with HIV/AIDS

The participants mentioned that different HIV/AIDS programmes provide different support. Authors such as Arya et al. (2018), Baetan (2018), and Human Sciences Research Council (2018) (section 2.9.4) argued that there are several types of support offered in an organisation's HIV/AIDS programmes.

The following are some of the types of support provided to SAPS employees with HIV/AIDS as mentioned by the participants:

- Medical aid support (2 participants)
- Support groups (3 participants)
- Free services to employees (3 participants)
- Prevention campaigns (3 participants)
- Awareness campaigns (3 participants)

According to the findings provided by participants and those in the literature, the SAPS offers different support services to employees with HIV/AIDS.

5.4 Discussions regarding Subtheme 2.1: Challenges of the HIV/AIDS programmes

The following discussions were drawn from the participants on the challenges of the HIV/Aids programmes:

- Judgement or stigma (4 participants)
- Challenges in planning the workshops (4 participants)

- Disruption during the days of the workshops (4 participants)
- No commitment on the part of management (2 participants)
- Fear of disclosure of the status (2 participants)

Various authors such as Weih et al. (2018), Human Science Research Council (2018), and Grosso et al. (2018) confirmed that stigma and discrimination, as well as financial problems, pose a challenge to both employees and organisations to run HIV/Aids workshops smoothly (sections 2.9.3 and 2.9.5).

5.5 Discussions regarding Subtheme 2.2: Disadvantages when hosting workshops related to HIV/AIDS

The following discussions were drawn from the participants regarding the disadvantages when hosting HIV/AIDS-related workshops:

- Ignorance (3 participants)
- Workshop attendees (2 participants)
- No access to e-mail (2 participants)
- Infrastructure (2 participants)

According to the discussions from the various authors, it was evident that there are disadvantages when hosting HIV/AIDS workshops. Authors such as Bankuwa and Mamman (2018), Deribew et al. (2018), Masenyetse et al. (2015), and World Health Statistics (2015) indicated that ignorance, access to information, and infrastructure are some of the disadvantages when hosting HIV/AIDS workshops (sections 2.6; 2.7.1.2).

5.6 Discussions regarding Subtheme 3.1: Measurements tools used for the HIV/AIDS programmes

Regarding the interpretations made on the measurement tools by the participants, the following recommendations were made about the HIV/AIDS programmes in the SAPS:

- Attendance record must be used (2 participants)

- Record keeping amongst the workshop facilitators needs to be done (2 participants)
- Evaluation forms need to be shared amongst participants (2 participants)

Findings in the literature on the measurement tools show that evaluation forms were used to measure and record health-related workshops for the HIV/AIDS programmes (Guaraldi et al., 2019) (section 2.5.5). Other authors such as Jones et al. (2019) and Van Brakel et al. (2019) concurred that it is important to monitor the HIV/Aids workshops (section 2.8.1).

5.7 Discussions regarding Subtheme 3.2: Recommendations for employees and organisations

The participants mentioned that the following recommendations could be considered:

- Job responsibilities from the SAPS (2 participants).
- Visit by the national office (2 participants)
- Greater support (2 participants)
- Information sharing (3 participants).
- Monitor the programmes (2 participants)

From the literature, different authors such as Grosso et al. (2017), Human Science Research Council (2018) and Wilson and Taffe (2018) recommended that programmes need to be targeted to the right place (section 2.9.5). Furthermore, facilitators should ensure that HIV/AIDS prevention programmes reach everyone, irrespective of social status (section 2.9.5).

Figure 5.1 below shows the model approach developed in the study findings. The figure shows how the responses from the participants were categorised into themes and subthemes. The model was divided into three headings: nature & support, challenges & disadvantages, and measurements tools & recommendations. Under each heading, relevant subheadings were added.

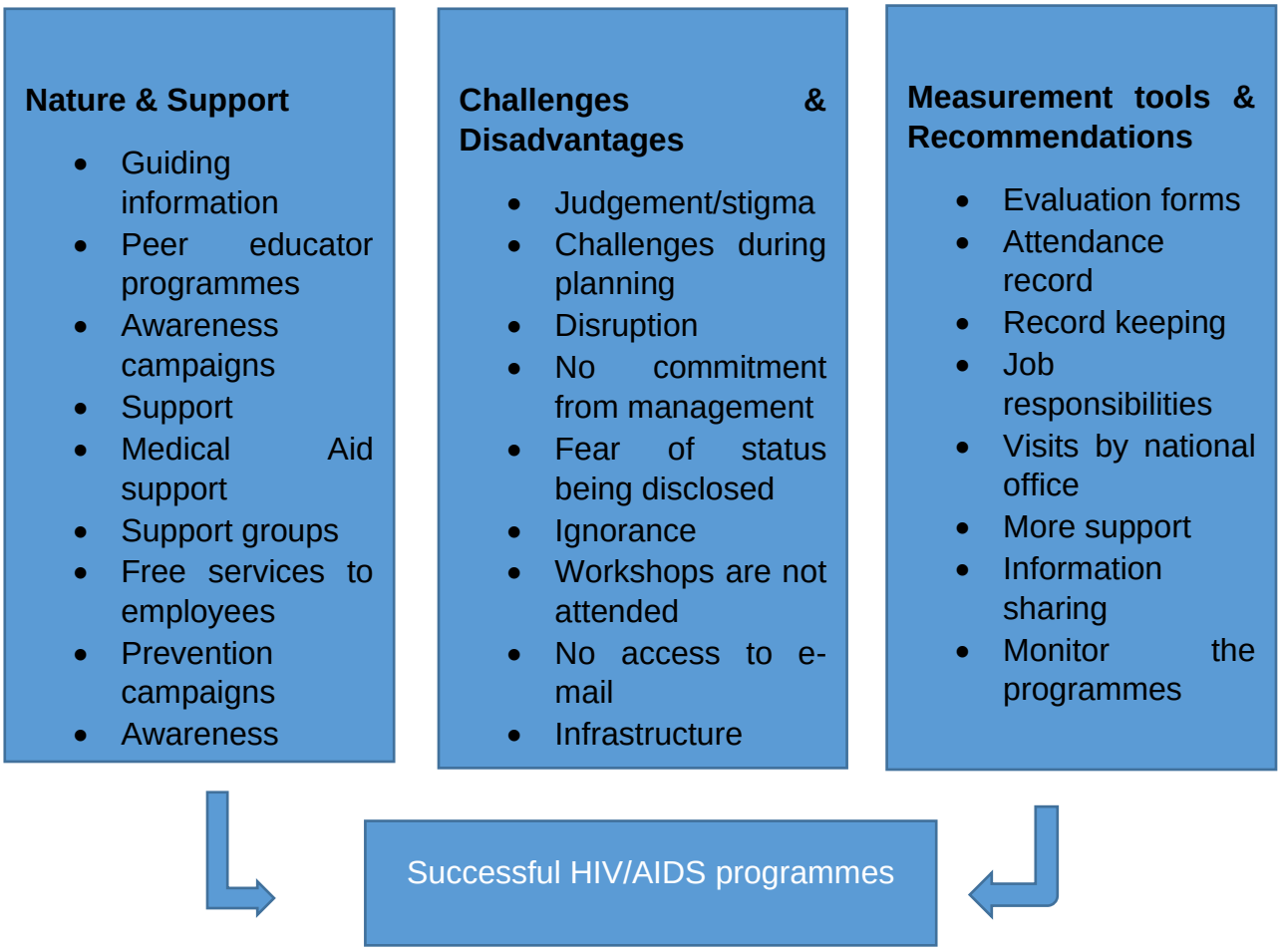

Figure 5.1: Study findings model approach

Source: Own compilation

5.8 Summary of the findings of the study

The themes and subthemes were developed in the empirical research findings. During data collection, the participants responded to questions posed; they shared the same answers. The researcher created the codes from each participant.

The participants agreed that HIV/AIDS programmes are explained in different ways. Moreover, the participants mentioned that different HIV/AIDS programmes offer different types of support depending on their nature. Discrimination and stigma still pose challenges to those who would like to attend the programmes.

The measurement tools used, as explained by the participants, record attendance registers. Parents recommend that the top management monitors the programmes.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

Chapter 5 presented the discussions with the EHW practitioners in the SAPS about the HIV/AIDS programmes. The discussions were compared among the participants and integrated into the relevant sections on the literature review in Chapter 2.

Chapter 6 starts with the personal experiences of the researcher, conclusions and limitations of the study. Recommendations for future research on HIV/AIDS programmes are provided.

6.2 Personal experience during the study: reflexivity

The researcher learned to persevere as it was not easy to make appointments with the EHW practitioners in the SAPS, even after getting the approval to conduct a study. Owing to the limited number of EHW practitioners (social workers, psychologists, etc.) in the organisation, the researcher had to wait for the availability of a practitioner.

The researcher will use the study experience to identify, analyse and address complex employee health and wellness problems on the knowledge and methods appropriate to the field of Human Resource Management and other related fields.

6.3 Conclusions of the study

The findings of this study will contribute to the literature of the human resource management in the area of EHW. The study falls under the area of EHW as it dealt with HIV/AIDS programmes facilitation in the SAPS. The EHW practitioners' experiences when facilitating the programmes have implications towards the workshops related to HIV/AIDS. For instance, recipients of the programmes often did not show up at their next workshop or appointment.

The study focuses on the EHW practitioners' experiences on HIV/AIDS programmes and explains the findings about the nature of the HIV/AIDS programmes in different ways. The participants indicated the challenges, disadvantages, and recommendations concerning the employees.

6.3.1 Methodological contributions

The literature review of previous studies on the HIV/AIDS programmes indicated that most studies used quantitative research (Human Science Research Council, 2018). In contrast, this study a qualitative research design with individual interviews conducted. The theories, research methodologies, methods, and techniques used can be applied to a particular context.

6.3.2 Organisational contributions

The findings of the study can assist organisations that are offering HIV/AIDS programmes and other health support programmes to their employees. The study can also contribute to the health and wellness policies in various organisations. It can also contribute to the employers' understanding of the requirements of providing a work environment conducive to implementing health and wellness policies and practices to support employees.

6.4 Limitations of the research study

Some limitations were noted based on the research bias, the methodology used, and the selected organisation.

6.4.1 Limitations based on the research bias and methodology used

The researcher's access to the organisation to conduct interviews could have been increased. To decrease the potential bias in the research study, the researcher sent a copy of the proposal electronically to the SAPS Research Division and telephonically stated who and what information would be required for the research study.

The researcher had to be cautious about the methodology to be used to get more information. As a result, semi-structured interviews with open-ended questions were

used. A digital recorder was used to collect data, and field notes were made during the interviews.

6.4.2 Limitations based on the organisation

The study was conducted at the SAPS EHW Division in Tshwane West Clusters due to the accessibility of the location. Owing to the limited number of EHW practitioners in Gauteng Province, follow-up interviews could not be conducted as they were unavailable when the researcher required more information. The researcher conducted telephonic interviews with some of the participants, after the individual interviews, to gain more information on certain aspects.

Furthermore, the findings of this study cannot be generalised to the SAPS in all nine provinces in South Africa.

For purposes of this research study, the researcher was not allowed to access documents from the organisation about the statistics of those infected countrywide due to the confidential nature of the information. None of the participants were forced to talk about their status.

6.5 Limitations related to the participants in this study

Only practitioners who have been employed in the EWH division for more than a year were included. The participants did not reveal their names during the interviews, and confidentiality regarding their responses was guaranteed.

6.6 Recommendations

Recommendations for future research were provided for professionals working in the field.

6.6.1 Recommendations regarding future research

As this research study involved empirical research, further research on this topic is recommended. Further research is recommended throughout the country within different organisations because the researcher believes there is much to be done about the spread

of HIV/AIDS in workplaces at large. A quantitative study that uses a large sample could also be conducted to investigate and confirm the results of this research in different clusters of organisations.

Further quality research using the qualitative methodology where participants could express their views on the interventions or programmes is required. Future research is also necessary for most organisations to evaluate the overall health support intervention programmes to sustain the employees' health.

As some participants suggested, more discussion on the topic needs to be included in the plan of action of the station commanders of the various clusters. After they have engaged about the topic, follow-ups research on the topic would also be helpful, as they would then reflect more on the topic.

6.6.2 Recommendations to professionals in the field of EHW

Employee health and wellness is concerned with the interaction between the work environment and the employee's functioning and improvement of the quality of work health life (Blackwell et al., 2019). As such, industrial psychologists, psychologists, social workers, and counsellors employed within the employee health and wellness field would benefit from this study. HIV/AIDS is a widely spread disease in South Africa (Human Science Research Council, 2019); therefore, any organisation in South Africa would benefit from this study.

Counsellors, psychologists, and social workers working within the employee health and wellness are encouraged to improve their knowledge of HIV/AIDS. They should be familiar with successfully implementing HIV/AIDS programmes, supporting employees infected with HIV/AIDS, and raising awareness of HIV/AIDS programmes. Moreover, they need to keep abreast of new developments worldwide on the epidemic disease.

6.7 Summary

This concluding chapter highlighted the recommendations for future research and limitations to the study. The participants recommended that the HIV/AIDS programmes form part of station commanders' job descriptions, as they would thus take the programmes seriously. Furthermore, the participants suggested that all staff members should have access to e-mail to be able to receive communication in this regard as the section heads often release information to them too late.

For the managers/supervisors within the SAPS, this study has the advantage of assisting them in identifying the necessary interventions needed to improve (if applicable) the health support gaps. In the case of the employees, it will help them be aware of the accessible health support programmes in their organisations.

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Appendix A: Letter of Consent Form

Informed consent for participation in an academic research study

Department of Human Resource Management

TITLE OF THE STUDY:

Exploring of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) Programmes in the South African Police Services in Tshwane West Clusters, Gauteng Province.

Research conducted by:
Mr G Mokobane
Student number: 45673357
Cell: 072 565 8251

Dear Respondent

You are invited to participate in an academic research study conducted by Godfrey Mokobane, a Master of Commerce student from the Department Human Resource Management at the University of South Africa.

The purpose of the study is to explore Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) programmes in South African Police Services in Tshwane West Clusters, Gauteng Province.

Please note the following:

- This study involves an anonymous survey. Your name will not appear in the research and the answers you supply will be treated as strictly confidential. You cannot be identified in person on the basis of your answers.
- Your participation in this study is of vital importance to me. You may, however, choose not to participate and you may also stop participating at any time without any negative consequences.
- The results of the study will be used for academic purposes only and may be published in an academic journal. We will provide you with a summary of our findings on request.
- Please contact my supervisor, Dr EC Rudolph (Tel: 012 429 2586, E-mail: rudolec@unisa.ac.za) and co-supervisor, Prof YT Joubert (Tel: 012 429 3399, E-mail: joubeyt@unisa.ac.za) if you have any questions or comments on the study.

Please sign the form to indicate that you

- have read and understand the information provided above
- give your consent to participate in the study voluntarily

_____ _____

Respondent's signature **Date**

Appendix B: Guided questions asked during semi-structured interviews.

1. Tell me more about the nature and extent of the HIV/AIDS programmes in your organisation.
2. Tell me more about the challenges in offering the HIV/AIDS programmes to SAPS employees.
3. Tell me more about the HIV/AIDS offered assist employees at job levels such as supervisors, managers, officers, administration and lower levels employees to deal with the impact of HIV/AIDS in your organisation.
4. Tell me more about the measurement tools that are used to determine the impact of the HIV/AIDS programmes offered to SAPS employees.
5. Tell me more about the support offered to SAPS employees to ensure there is a sustainability of the HIV/AIDS within the organisation.
6. Tell me more about the changes/recommendations that could be considered to better current HIV/AIDS programmes that are offered to SAPS employees and explain why you do make those changes or recommendations.

Appendix C: Themes and Subthemes identified in the Research study.

Theme 1	HIV/AIDS Programmes
Subthemes	1. The nature of the HIV/AIDS programmes 2. Support given to South African Police Services with HIV/AIDS
Theme 2	Challenges in offering HIV/AIDS programmes
Subthemes	1. Challenges of the HIV/AIDS programmes. 2. Disadvantages when hosting workshops related to HIV/AIDS
Theme 3	Measurement tools and recommendations to be considered on the HIV/AIDS programmes
Subthemes	1. Measurement tools used for the HIV/AIDS programmes 2. Recommendations for employees and organisation on the HIV/AIDS programmes.

Appendix D: Burden, with almost all of this accounted for the top 20 countries in each list:

LIST	THE 30 HIGH TB BURDEN COUNTRIES	THE 30 HIGH TB/HIV BURDEN COUNTRIES	THE 30 HIGH MDR-TB BURDEN COUNTRIES
Purpose and target audience	To provide a focus for global action on TB in the countries where progress is most needed to achieve End TB Strategy and SDG targets and milestones, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries.	To provide a focus for global action on HIV-associated TB in the countries where progress is most needed to achieve End TB Strategy, UNAIDS and SDG targets and milestones, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries.	To provide a focus for global action on the MDR-TB crisis in the countries where progress is most needed to achieve End TB Strategy targets and milestones, to help build and sustain national political commitment and funding in the countries with the highest burden in terms of absolute numbers or severity, and to promote global monitoring of progress in a well-defined set of countries.
Definition	The 20 countries with the highest estimated numbers of incident TB cases,	The 20 countries with the highest estimated numbers of incident TB cases	The 20 countries with the highest estimated numbers of incident MDR-TB

	plus the top 10 countries with the highest estimated TB incidence rate that are not in the top 20 by absolute number (threshold, >10 000 estimated incident TB cases per year).	among people living with HIV, plus the top 10 countries with the highest estimated TB/HIV incidence rate that are not in the top 20 by absolute number (threshold, >1000 estimated incident TB/HIV cases per year).	cases, plus the top 10 countries with the highest estimated MDR-TB incidence rate that are not in the top 20 by absolute number (threshold, >1000 estimated incident MDR-TB cases per year).
Countries in the list	*The top 20 by estimated absolute number (in alphabetical order):* Angola Bangladesh Brazil China DPR Korea DR Congo Ethiopia India Indonesia Kenya Mozambique Myanmar Nigeria Pakistan Philippines Russian Federation South Africa Thailand	*The top 20 by estimated absolute number (in alphabetical order):* Angola Brazil Cameroon China DR Congo Ethiopia India Indonesia Kenya Lesotho Malawi Mozambique Myanmar Nigeria South Africa Thailand Uganda UR Tanzania	*The top 20 by estimated absolute number (in alphabetical order):* Bangladesh China DPR Korea DR Congo Ethiopia India Kazakhstan Kenya Indonesia Mozambique Myanmar Nigeria Pakistan Philippines Russian Federation South Africa Thailand Ukraine

	UR Tanzania Viet Nam *The additional 10 by estimated incidence rate per 100 000 population and with a minimum number of 10 000 cases per year (in alphabetical order):* Cambodia Central African Republic Congo Lesotho Liberia Namibia Papua New Guinea Sierra Leone Zambia Zimbabwe	Zambia Zimbabwe *The additional 10 by estimated incidence rate per 100 000 population and with a minimum number of 1000 cases per year (in alphabetical order):* Botswana Central African Republic Chad Congo Ghana Guinea-Bissau Liberia Namibia Papua New Guinea Swaziland	Uzbekistan Viet Nam *The additional 10 by estimated rate per 100 000 population and with a minimum number of 1000 cases per year (in alphabetical order):* Angola Azerbaijan Belarus Kyrgyzstan Papua New Guinea Peru Republic of Moldova Somalia Tajikistan Zimbabwe
% global total	For top 20 is 84% (for additional group 3.1%)	For top 20 is 87% (for additional group 4.8%)	For top 20 is 84 %(for additional group 5.4%)
Lifetime of list	5 years (review criteria and included Countries in June 2020).	5 years (review criteria and included Countries in June 2020).	5 years (review criteria and included Countries in June 2020).

Figure 1.1 TB high-burden country lists that will be used by World Health Organisation during the period 2016–2020.

Adapted Source from Global Tuberculosis Report (2016, p. 13).